

U.S. Postal Service
DELIVERY INSTRUCTIONS

Name of Employee			ID No.		Delivery Unit			
Vehicle Make		Vehicle Capacity	Vehicle No.		Reference Volume AM _____ PM _____ Total _____		Assignment No.	
Date Appointed		Date Assigned to Route		Delivery Method(s)		Type of Route		
				<input type="checkbox"/> Foot <input type="checkbox"/> Mounted <input type="checkbox"/> Park and Loop <input type="checkbox"/> Other (Specify) _____		<input type="checkbox"/> Business <input type="checkbox"/> Residential <input type="checkbox"/> Mixed		
No. of Trips	Name of Replacement ³							
Location of Collection Points in Order of Collection		Street Corner	Arrival Time ¹ Daily Sat.		Relay <input type="checkbox"/> Boxes <input type="checkbox"/> Park & Loop Stops		Arrival Time ¹ Daily Sat.	
							Possible Deliveries Per Relay, Loop, Swing, etc. 1) 2)	
							3) 4)	

Schedule	Time	Trip 1		Trip 2		Lines of Travel (Use reverse, if necessary)		
		Daily	Sat.	Daily	Sat.	Streets Used	Office to Route Via	Route to Lunch Via
	Begin						Lunch to Route Via	Route to Office Via
	Leave					Authorized Lunch Period		
	Return					From	To	
End					Location where authorized to leave route for lunch			

Transportation	Public Trans.	Location	
		Board	Leave
	1	Leave	
		Return	
2	Leave		
	Return		
		Location of Authorized Lunch Location(s)²	
		Regular Carrier	Replacement Carrier

Use of Privately-Owned Vehicle Authorized <input type="checkbox"/> Yes <input type="checkbox"/> No		Effective Date of Transportation Agreement (Form 1311)	Approximate Break Location(s)	
			Regular Carrier	Replacement Carrier
¹ Arrival time shown should be earliest on a light day. Use reverse for additional remarks. ² If one of the following conditions prevail covering travel to and from a suitable lunch location (up to 3 places) carrier will complete: (1) Reimbursed for driving own vehicle. (2) Furnished bus fare or its equivalent. (3) Provided transportation in PS Vehicle. (4) Assigned a PS or Contract Vehicle. (Other carriers may at their option record similar lunch data.) ³ Enter name of regularly assigned replacement (if any). Also complete the replacement's authorized lunch and break location(s).		Approved By (Signature and Date)		
		Title		