UNIFORM PROGRAM WORKSHEET - REGULAR ALLOWANCE

This worksheet is used by the Postmaster/Supervisor to request establishment or termination in the Uniform Program for an employee who meets eligibility requirements based on the ELM 932.11 guidelines.			
	Part 1: Employee	Information	
ee E	Employee's Name (First, MI, Last):	EIN:	
-	Employee's Position Title:	Employing Office Cost Center Number:	
	Employing Office Phone Number:	Employing Office Name:	
Part 2: Request for Regular Uniform Allowance Please review the eligibility requirements below. If the employee meets the Regular Uniform requirements as outlined in the ELM 932.11, identify the type of uniform that you are requesting and check the box next to the appropriate description.			
City letter carriers and clerk/special delivery messengers whose tours of duty during the course of a year and average 4 hours or more a day performing carrier or special delivery duties.			
	b. Motor vehicle operators, tractor-trailer operators, or driving instructors and examiners, if they average 4 hours or more a day during the course of a year, driving vehicles or holding themselves in readiness to drive them.		
	c. Ramp clerks and transfer clerks, AMF, assigned on a full-time basis to ramp transfer service at airports who perform transfer duties between air carriers (or special transfer clerks, airmail where there are no ramp clerks assigned).		
	d.Postal Service Security Force Police officers.		
	Passenger elevator operators or elevator starters if they average 4 hours or more a day during the course of a ^{e.} year performing the duties of these jobs.		
	f. Clerks who average 4 hours or more a day performing city letter carrier duties.		
	Retail personnel, including postmasters and supervisors at CAG A-J post offices, whose official assignment at a retail counter is for a minimum of 4 hours daily for 5 days a week on a continuing basis, or for not less than 30 ghours a week. Employees who do not qualify for a uniform allowance under the criteria described above must wear the appropriate uniform for the position if it is provided to them outside of the uniform allowance program.		
	h.Retail classroom instructors and retail coaches who qualify for uniform allowances.		
	Letterbox mechanics assigned to work outdoors more than one-half the time, or maintenance mechanics it assigned to letterbox mechanic duties performed outdoors for more than one-half of the time.		
	j. Employees serving as area maintenance technician/specialists who are on official business away from their duty office for one-half or more of their time.		
	k.Nurses and first aid attendants.		
[I. Medical officers and technicians.		

The second secon	ertification and Approval listed above, please certify and obtain appropriate higher level	
Please check (required):		
I certify that the employee meets the above requirements for the Regular Uniform Allowance Program.		
Employee does not meet requirements. Please terminate uniform allowance.		
Postmaster/Supervisor's Signature	Next Higher Level Manager's Signature	
Postmaster/Supervisor's Printed Name	Next Higher Level Manager's Printed Name	
Date Submitted	Next Higher Level Manager's Title	
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Submission Instructions: Submit via email to Incomplete worksheets will be returned to the	o "HRSSC BENEFITS/COMPENSATION" or fax to 651-994-3543. ne requestor unprocessed.	
For offices with no email access, send hard copy to:	HRSSC, Benefits / Compensation PO BOX 970400 Greensboro, NC 27497-0400	