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			
Er	mployee's Name (First, MI, Last):	EIN:	
Er	mployee's Position Title:	Employing Office Cost Center Number:	
Employing Office Phone Number:		Employing Office Name:	
	ELM 932.11, identify the type of uniform that you are red	vee meets the Regular Uniform requirements as outlined	
☐ a.	City letter carriers and clerk/special delivery messenge average 4 hours or more a day performing carrier or s		
□ b.		iving instructors and examiners, if they average 4 hours icles 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.		
☐ e.	Passenger elevator operators or elevator starters if they average 4 hours or more a day during the course of a year performing the duties of these jobs.		
☐ f.	Clerks who average 4 hours or more a day performing	city letter carrier duties.	
☐ g.	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 hours 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 qu	ualify for uniform allowances.	
□i.	Letterbox mechanics assigned to work outdoors more assigned to letterbox mechanic duties performed outd		
□j.	Employees serving as area maintenance technician/s duty office for one-half or more of their time.	pecialists who are on official business away from their	
□ k.	Nurses and first aid attendants.		
□ 1.	Medical officers and technicians.		

signature(s) if applicable.	listed above, please certify and obtain appropriate higher level
Please check (required):	
I certify that the employee meets the all	bove 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
Postillastel/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
Submission Instructions: Submit via email to ncomplete 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