Routing Slip

To	Dept., Office or Room No.	
1. Willie Mellen	APWU	___ Approval ___ Signature ___ Comment ___ See Me ✓ As Requested ___ Information ___ Read and Return ___ Read and File ___ Necessary Action ___ Investigate ___ Recommendation ___ Prepare Reply ___
2. Sharyn Stone, Regional Coordinator	APWU	
3.		
4.		
5.		
6.		

From: Nicole Collins-Earley
Great Lakes Area Office

Date: 11/19/2008

Extension

Room No.

Remarks

Willie:

Per our conversation attached is a clear copy of the withholding information for Slinger, Wisconsin and Mudeline, Illinois (MH excessing). Also as requested are copies of the Mail Arrival Profile for the office and the PS 1994.

Sharyn:

You already have copies of the files, I'm just including the Mail Arrival Profile and PS 1994 for Slinger. WI. We need to schedule a telecon with Lakeland District to discuss this withholding.

LK ___
WM ___
TR ___
BM ___

ON-SITE FUNCTION 4 REVIEW PROCESS

PERFORMANCE CLUSTER: Lakeland

UNIT: Slinger Fin#: 567640 Date: 05/28/08

Mail Arrival Profile

Day 1 or 2 : 1

TRIP # 1

Please Enter the Date this Data was Collected: 28-May

ARRIVAL TIME SCHEDULED	ARRIVAL TIME ACTUAL	Container Type	Mail Type	Full 3/4 1/2 1/4	General Comments Container Contents
3:30		HAMPER (1046)	Other	1/2	Parcel bags
		Cardboard / Gaylord	Mixed	1/4	Pre-sort flats and priority parcels

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GENERAL INSTRUCTIONS
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When completing the Mail Arrival limit your entries to the list of containers and mail types.

CONTAINER TYPES

BMC/OTR
Cardboard/Gaylord
GPMC/APC
Gurney
Hamp

2 = TOTAL NUMBER OF ALL CONTAINER TYPES

Monday - Friday

PS Form 1994 Substitute
(Suggested Clerk Staffing)

Assignments — Slinger — Day(s) of the Week: Mon-Fri — Service Week: 1

Reference #	FTR/PTF	Hours	12 to 1	1 to 2	2 to 3	3 to 4	4 to 5	5 to 6	6 to 7	7 to 8	8 to 9	9 to10	10 to11	11 to 12	12 to 1	1 to 2	2 to 3	3 to 4	4 to 5	5 to 6	6 to 7	7 to 8	8 to 9	9 to10	10 to11	11 to12
PTF	Flex	6.00																								
PTF	Flex	5.50																								
PTF	Flex	5.50																								
P.M.	Flex	3.00																								

Scheduled	Planned				
FT Reg.	0	0.00	LDC 41	0.00	
			HT 43	4.25	HARD TIME
			ST 43	0.00	SOFT TIME
Flex	4	20.00	LDC 44	1.00	
			LDC 45	10.75	
Total =	4	20.00	LDC 46	0.00	
			HT 48	2.50	HARD TIME
Total		Total	ST 48	1.50	SOFT TIME
Hard Time		Soft Time	LDC 33	0.00	
6.75		1.50		20.00	

		Avg Week	Holiday Week	Annual
LDC	41	0.00	0.00	0
LDC	43	21.25	17.00	1,063
LDC	44	5.00	4.00	250
LDC	45	53.75	32.25	2,580
LDC	46	0.00	0.00	0
LDC	48	20.00	16.00	1,000
LDC	33	0.00	0.00	0
Total		100.00	69.25	4,893

Carrier Cutoff Time

Box Cutoff Time: