<u>(√)</u>	(1) Supplement to Form No.(s) U.S. POSTAL SERVICE ANNUAL LOCAL WORKHOUR REQUIREMENT FOR BUILDING EQUIPMENT PREVENTIVE MAINTENANCE AND OPERATION In Lieu of Form No.(s) In Lieu of Form No.(s)									<u>(√)</u>		entive Mai			
					Building Equipment Operation										
Building			City	tity State		Prepared By (Printed Name, Ti									
PART I PART II															
					andard	Indard Allowance Local Requirement									
PM (Guide	+			Workhours			Total		Workh		Annual			
No. or Oper. Rt.		ltem		Quantity	/ Frequency (Times per 1		Per	Hours C x D x E	Frequency (Times per	Per Frequency		Travel Hours	Hours (C x G x H)	Variance (J-F)	
Item No.					Year)				Year				+ 1		
(a)		<i>(b)</i>		(c)	(d)	(d) (e)		(f)	(g)	(h)		(i)	(j)	(k) + -	
												-			
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Justification (Ref	er to Item No. in Column (a) on face of form. Use additional pages if	needed.)			
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	PREPARED/REVIEWED BY(Sr. Maintenance Official)		APPROVED BY Field Division GM/P	M)	
Date	Signature and Title	Date	Signature	,	
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