

UNIFORM PROGRAM WORKSHEET - WORK CLOTHES 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 932.13 guidelines.

Part 1: Employee Information

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 Work Clothes Allowance

Please review the eligibility requirements below. If the employee meets the Work Clothes Allowance requirements as outlined in the ELM 932.13, identify the type of uniform that you are requesting and check the box next to the appropriate description.

This program is separate from the contract uniform program. It is for employees who are not presently eligible for uniforms or contract uniforms. Eligible employees include certain mail handlers, maintenance employees, motor vehicle employees, and clerical employees involved full time in pouching and dispatching units, parcel post sorting units, bulk mail sacking operations, and ordinary paper sacking units.

- a. Mail handlers and maintenance employees working full time in specific duty assignments located in mail transport equipment centers, supply centers, and mail equipment shops. See ELM 932.13 (a) items 1-28 for assignments covered by this section.
- b. Clerk craft employees assigned to:
- (1) Ordinary paper sacking units.
 - (2) Parcel postal distribution units (manual).
 - (3) Pouching and dispatching units.
- c. Mail handlers - full-time mail handlers working in the following areas:
- (1) Ordinary paper sacking units.
 - (2) Parcel post units (dumping of sacks or manual separation of sacks).
 - (3) Platform (dock) operations.
 - (4) Pouch dumping units.
 - (5) Sack dumping units.
- d. Motor vehicle maintenance employees. See ELM 932.13 (d) items 1-9 for assignments covered by this section.
- e. Assigned full time in the specified duty assignment. See ELM 932.13 (e) items 1-31 for assignments covered by this section.

Part 3: Certification and Approval

If the employee meets one of the requirements listed above, please certify and obtain appropriate higher level signature(s) if applicable.

Please check (required):

- I certify that the employee meets the above requirements for the Work Clothes 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

Submission Instructions: Submit via email to "HRSSC BENEFITS/COMPENSATION" or fax to 651-994-3543. Incomplete worksheets will be returned to the requestor unprocessed.

For offices with no email access, send hard copy to:

**HRSSC, Benefits / Compensation
PO BOX 970400 Greensboro, NC 27497-0400**



Request to Amend Electronic Official Personnel Folder (eOPF)

Employee Name (Last, First, MI)

EIN (Employee Identification Number)

Instructions: You must provide this amendment request to your District or Area Human Resources office for fulfillment. For your request to be processed, you must clearly identify the record in question, the change desired, and the reason(s) for the change (*relevance, accuracy, timeliness, or completeness*). **Headquarters employees** should direct requests to:

**CORPORATE PERSONNEL MANAGEMENT
475 L'ENFANT PLAZA SW, RM 1831
WASHINGTON DC 20260-4261**

a) Identify the record you wish changed (*attach the document(s) you wish to add or specify the document(s)*):

b) Describe the change desired:

c) Indicate the reasons for the change: Relevancy Accuracy Timeliness Completeness

In accordance with Handbook AS-353, *Guide to Privacy, the Freedom of Information Act and Records Management*, Section 3-4, your eOPF custodian will either: (1) inquire to obtain more information needed to determine whether amendment is appropriate, amend the information as necessary, and notify you about the revised record; or (2) deny your request for changes in whole or in part, provide the reasons for denial, and notify you of your opportunity to appeal the decision.

Privacy Act Statement: Your information will be used to process your request. Collection is authorized by 39 U.S.C. 401, 410, 1001, 1005, and 1206. Providing the information is voluntary, but if not provided, we may not process your request. We may disclose your information as follows: in relevant legal proceedings; to law enforcement when the U.S. Postal Service (USPS) or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; and to the Merit Systems Protection Board or Office of Special Counsel.

Signature

Date (MM/DD/YYYY)

Instructions to Human Resources: Retain or destroy this form as described in the table below.

	Approved	Denied
Add	Send document to be scanned into eOPF. Hold request in pending file. Destroy request after verifying that document was added.	Notify employee including appeal rights per Handbook AS-353 Section 3-4. Retain request form and notification for 2 years.
Amend	Print document, amend, and send amended document to be scanned into eOPF. Hold request in pending file. After verifying that document was added, delete original document and destroy request.	Notify employee including appeal rights per Handbook AS-353 Section 3-4. Retain request form and notification for 2 years.
Delete	Delete document and destroy request.	Notify employee including appeal rights per Handbook AS-353 Section 3-4. Retain request form and notification for 2 years.