

## Instructions

### Local Postmaster

1. Complete this form for a Regular Rural Carrier (Designation 71) serving a regular route. *(Replacement carrier's time must be recorded on Form 1314-A, Auxiliary Rural Carrier Time Certificate.)*
2. Record the carrier's name, Social Security number, and finance number. *(Issuing office must complete return to block.)*
3. Record the date and the time in minutes. *(Do not enter any hours on form.)*
4. Indicate the pay period, year, and week.
5. The carrier, postmaster, and District MUST sign this form.
6. Record reason for payment in justification. If no reason is given, or the form is incomplete, it will be returned, unprocessed.
7. Submit form to District for approval by Operations Program Support.

### District

Confirm proper completion and suitability for payment, then complete signature block below.

Carrier Name <i>(Last, first, middle initial)</i>	Social Security Number	Finance Number
---	------------------------	----------------

Date of Service \_\_\_\_\_

Pay Period/Year \_\_\_\_\_

Time in Minutes \_\_\_\_\_  
*(e.g. Record 1.58 hours as 95 minutes.)*

Week \_\_\_\_\_

**Pay period processed:** \_\_\_\_\_

**Initials:** \_\_\_\_\_

## Justification

Return to: *(Issuing office must complete)*

Employee's Signature and Date

Postmaster's Signature and Date

District Approval - Operations Program Support and Date