

APWU Survey of Work in Small Offices

The APWU is distributing this questionnaire to help protect service, jobs, and work hours in small offices. If clerk work hours have been reduced in your office, we need to know the hours both before and after the change. We also need to know whether the amount or type of bargaining unit work performed by your postmaster or supervisor increased. We are interested in any changes between 1993 and the present. Please provide as much of the requested information as possible, and return the form in the envelope provided. Your help is essential to helping the union help you. Thank you.

Post Office _____ Office Level (If Known) _____
 City _____ State _____ Zip _____ Phone Number _____

Total Clerk Staffing	BEFORE CHANGE	AFTER REDUCTION
Clerk – Office Staffing (Please provide the number of employees in each category.)	Full Time _____	Full Time _____
	Part Time _____	Part Time _____
	Hub Clerk _____	Hub Clerk _____
Weekly Total Clerk Hours	Full Time _____	Full Time _____
	Part Time _____	Part Time _____
	Hub Clerks _____	Hub Clerks _____

Average Clerk Work Performed by Clerks Before Change

Please provide the average number of hours spent by **all** clerks performing the duties listed below.

SAT	SUN	MON	TUE	WED	THUR	FRI	
							Box Mail
							Window
							Distribution
							Other

Average Clerk Work Performed by Clerks After Reduction

Please provide the average number of hours spent by **all** clerks performing the duties listed below.

SAT	SUN	MON	TUE	WED	THUR	FRI	
							Box Mail
							Window
							Distribution
							Other

Clerk Work Performed by Postmaster/Supervisor Before Change

Please provide the average number of hours spent by postmasters and supervisors performing the duties listed below.

SAT PM Sup	SUN PM Sup	MON PM Sup	TUE PM Sup	WED PM Sup	THUR PM Sup	FRI PM Sup	
							Box Mail
							Window
							Distribution
							Other

Clerk Work Performed by Postmaster/Supervisor After Reduction

Please provide the average number of hours spent by postmasters and supervisors performing the duties listed below.

SAT PM Sup	SUN PM Sup	MON PM Sup	TUE PM Sup	WED PM Sup	THUR PM Sup	FRI PM Sup	
							Box Mail
							Window
							Distribution
							Other

This reduction in work began on _____.

I was informed this reduction in work was ordered by _____.

What reason, if any, was given for the reduction of clerk work by clerks and increase of clerk work done by the postmaster or supervisor?

What time does the mail (truck) arrive? _____

What time does the first clerk begin? _____

What time does the postmaster begin work? _____

When is the afternoon dispatch (truck)? _____

What time does the last clerk leave? _____

What time does the postmaster normally leave? _____

What are the window hours in this office? Monday-Friday _____ to _____

Office Closed? _____ to _____

Saturday _____ to _____

Have PMRs, Casuals, RCAs, RCRs, etc. performed Clerk Craft work in this office (other than clerk leave replacement) within the past year? () yes () no

Are PMRs, Casuals, RCAs, RCRs, etc. currently performing Clerk Craft work in this office (other than clerk leave replacement)? () yes () no

If so, please identify them below:

(Name) Status (e.g., PMR, RCR, etc.) Regular Office, If Known

Type of work normally performed: () Distribution () Boxing () Window

How many postmasters have you worked with/for in this office, and how much bargaining unit work did they perform on average per day?

Postmaster's Name Time PM Worked to _____ Average Clerk Work per Day

Postmaster's Name Time PM Worked to _____ Average Clerk Work per Day

Postmaster's Name Time PM Worked to _____ Average Clerk Work per Day

Postmaster's Name Time PM Worked to _____ Average Clerk Work per Day

Do you know any clerks who used to work in this office? Where are they now?

() Retired () Transferred () Resigned () Became PM () Exceeded () Other

Name Phone Address

Name Phone Address

Name Phone Address

Do you know the names of any former postmasters for this office?

Name Phone Address

Name Phone Address

Name Phone Address

I also have the following questions or comments I would like someone from the union to contact me about.

Name: _____
(Please Print)

Signature: _____ Date: _____

Address: _____

Phone: () _____ e-mail address _____

Return this questionnaire to:
American Postal Workers Union
Attn: APWU Survey
1300 L St., NW
Washington, DC 20077-1668