

# **POSTAL SUPPORT EMPLOYEES** ***RIGHTS & BENEFITS*** **AT A GLANCE**

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**APWU**  
**ORGANIZATION DEPARTMENT**

ANNA SMITH, ORGANIZATION DIRECTOR

# AMERICAN POSTAL WORKERS UNION, AFL-CIO

## POSTAL SUPPORT EMPLOYEES RIGHTS & BENEFITS

Postal Support Employees (PSEs) are hired for a term not to exceed 360 calendar days per appointment. The PSE workforce is comprised of employees who don't yet have career appointments but who enjoy union representation and negotiated rights. The Collective Bargaining Agreement (CBA), which is the union contract between the APWU and the USPS, covers all aspects of your appointment related to wages, benefits, hours, and working conditions.

### THE RIGHT TO JOIN THE APWU

Unlike previous temporary USPS workers, PSEs have the right to join the APWU. Only by standing together with your co-workers can you ensure you earn a living wage, gain access to important benefits, and get a fair opportunity for a career job. We have been negotiating on your behalf and will continue to do so. But to do that, we need your help!

By joining the APWU you have a voice and a vote in your union. This will allow you to give input into benefits that are negotiated on your behalf and how your union is run. Don't let someone else decide your future, be a part of the decision making!

### PAY

PSEs receive(d) the following 4 wage increases over the life of the 2024-2027 Collective Bargaining Agreement:

- After 26 week waiting period – 50-cents per hour increase
- Nov. 16, 2024 – 2.3% increase
- Nov. 15, 2025 – 2.4% increase
- Nov. 14, 2026 – 2.5% increase

#### PSE HOURLY RATES EFFECTIVE NOVEMBER 16, 2024

| PS Grade    | 5       | 6       | 7       | 8       |
|-------------|---------|---------|---------|---------|
| Hourly Rate | \$19.80 | \$20.95 | \$22.18 | \$22.60 |

### OVERTIME PAY

Overtime pay is paid at the rate of 1½ times the basic hourly straight-time rate for work performed after 8 hours on duty in a service day, or 40 hours in a service week.

### PENALTY OVERTIME PAY

This rate is paid at the rate of 2 times the basic hourly straight-time rate, excluding the month of December for all work in excess of 10 hours in a service day, or 56 hours in a service week.

### NIGHT DIFFERENTIAL PAY

For hours worked between 6 p.m. to 6 a.m. you will also receive Night Differential pay.

#### PSE NIGHT DIFFERENTIAL RATES EFFECTIVE SEPTEMBER 20, 2025

| PS Grade    | 5      | 6      | 7      | 8      |
|-------------|--------|--------|--------|--------|
| Hourly Rate | \$1.09 | \$1.16 | \$1.24 | \$1.26 |

### ANNUAL LEAVE

You earn 1-hour annual leave for every 20 hours of work, up to a maximum of 4 hours per pay period. Your annual leave accrues and is credited in whole hours at the end of each biweekly pay period. To request annual leave, complete a PS Form 3971, Request for, or Notification of Absence. You will receive a lump-sum payment for any unused earned leave during your break in service. PSEs in all non-POSTPlan offices, including APOs, will be advanced 40-hours of annual leave upon completion of an initial 360-day appointment and upon reappointment.

### HOLIDAY PAY

PSEs receive the following 6 paid holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and Christmas Day. PSEs who work on a holiday will have the option to have their annual leave balance credited with annual leave or receive holiday pay. The amount of holiday pay (or annual leave balance credit) you receive is based on the size of your office.

### CAREER OPPORTUNITIES

The union continues to negotiate strong language regarding opportunities for conversion of PSEs to career status when there are duty assignments that remain vacant after the completion of the bidding process; in addition, career conversions must be made in seniority order. Most PSEs will automatically be converted to career status upon reaching 24 months of relative standing.

### JOB SECURITY AND RE-APPOINTMENT BY SENIORITY

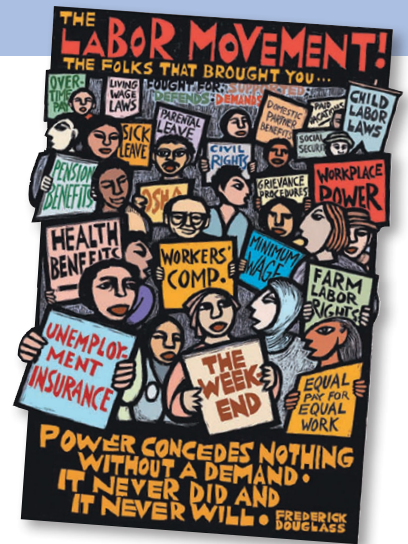
When PSEs are separated due to lack of work, re-appointments must be made by PSE seniority. PSEs will be re-appointed ahead of applicants who have not served as PSEs, provided the need for hiring arises within one year of the break in service.

### WORK SCHEDULES

PSEs will be offered one non-scheduled day each week, except during the peak season, with notice given by the preceding Wednesday.

### HEALTH BENEFITS

You are eligible to enroll in the USPS-sponsored health plan within 60 days of your "enter-on-duty" date. After that, the next opportunity to enroll will be during Health Plan Open Season. The APWU was able to secure through negotiations that during your 1st year of employment the Postal Service will pay 65% of the total premiums for any PSE who selects any coverage level in the Non-Career Health Care Plan.





# Stand With Your Coworkers by Joining Today!

American Postal Workers Union, AFL-CIO

United States Postal Service Authorization for Deduction of Dues



JOIN THE APWU

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |                                                                          |     |
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| LAST NAME (Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | FIRST NAME (Please Print)        |  | MI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SOCIAL SECURITY NO. or EIN (Entire SS# Is Req.) |                                                                          |     |
| MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                  |  | CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 | STATE                                                                    | ZIP |
| HOME PHONE NO.<br>( )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | MOBILE PHONE NO.<br>( )          |  | EMAIL ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                                                          |     |
| WORK LOCATION (Post Office) & STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | WORK FINANCE NUMBER<br>- - - - - |  | CRAFT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                 | POSITION<br><input type="checkbox"/> CAREER <input type="checkbox"/> PSE |     |
| SIGNATURE OF EMPLOYEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | DATE                             |  | ARE YOU CURRENTLY PAYING DUES TO ANOTHER UNION?<br>If yes, select which union dues should be cancelled:<br><input type="checkbox"/> NALC <input type="checkbox"/> NPMHU <input type="checkbox"/> NRLCA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                 |                                                                          |     |
| <b>Become actively involved -Where can you help?</b><br><input type="checkbox"/> Outreach Representing the APWU at events, meetings, rallies, etc.<br><input type="checkbox"/> Welcoming New Members Orientations, organizing, etc.<br><input type="checkbox"/> Workplace Safety Daily huddles, weekly talks, safety captain, etc.<br><input type="checkbox"/> Community Involvement Talking with neighbors, family and friends<br><input type="checkbox"/> Transportation Getting people to and from events, meetings etc. |  |                                  |  | <p>I hereby assign to the American Postal Workers Union, AFL-CIO, from any salary or wages earned or to be earned by me as a member (in my present or future employment) such regular and periodic membership dues as the APWU may certify as due and owing from me, as may be established from time to time by the APWU. I authorize and direct the USPS to deduct such amounts from my pay and to remit same to the APWU at such times and in such manner as may be agreed upon between myself and the APWU at any time while this authorization is in effect, which includes a yearly subscription for The American Postal Worker magazine as part of the membership dues. This assignment, authorization and direction shall be irrevocable for a period of one (1) year from the date of delivery to the APWU, and I agree and direct that this assignment, authorization and direction shall be automatically renewed and shall be irrevocable for successive periods of one (1) year unless written notice by certified mail using PS Form 1186 is given by me to the APWU not more than twenty (20) days and not less than ten (10) days prior to the expiration of each period of one year, or within ten (10) days after the date I start work if I am rehired for any new term of Postal Support employment. In addition to the above, if I am a Postal Support Employee, this assignment shall remain in effect if I should be rehired within 180 days after the conclusion of my present term of Postal Support employment. This agreement is freely made pursuant to the provisions of the Postal Reorganization Act and is not contingent upon the existence of any agreement between the Union and the Postal Service.</p> |                                                 |                                                                          |     |
| <b>Would you like to receive mobile text alerts from APWU?</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO<br><i>If you choose to receive mobile alerts, you are authorizing the mobile communications. Note: Msg &amp; data rates may apply. Text STOP to 91990 to stop receiving messages. Text HELP to 91990 for more information.</i>                                                                                                                                                                   |  |                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |                                                                          |     |

Return Original To: APWU Organization Department at 1300 L Street NW, Washington, DC 20005

Form 1187

After your first 360-day term you can sign up for coverage under the Federal Employee Health Benefits (FEHB) program. The Postal Service will pay up to 75% of the total premium for any PSE who selects the APWU Consumer Driven Health Plan.

## HIGHER-LEVEL PAY FOR HIGHER-LEVEL WORK

In the event you are temporarily assigned to a higher-level position, you will be paid at the higher-level rate for the time spent performing higher-level duties.

## UNIFORMS

Under the 2024-2027 contract, PSEs who either work as a Sales Services & Distribution Associate, or any "new work" MVS employee meeting eligibility requirements will receive the same base uniform allowance as career employees.

## REPRESENTATION IN THE GRIEVANCE PROCEDURE

Being a union member gives you a way to fight back if your rights are violated. If you believe your rights have been violated, request to see your union steward. You have the right to file a grievance and speak to your steward while on the clock. Do not delay in doing this as there are critical time limits in which grievances must be filed (14 calendar days from the date you first learned of, or should have learned of the grievance). Once you have completed 90 work days or have been employed for 120 calendar days, whichever comes first, you cannot be fired except for "just cause," and, if you are terminated, you may challenge the decision via the grievance procedure.

## SAFE AND HEALTHY WORKING CONDITIONS

You have the right to work in a safe and healthy environment. The union will always fight for the welfare of all union members. It is management's responsibility to provide safe working conditions. To report unsafe conditions, file a PS Form 1767, Report of Hazard, Unsafe Condition or Practice, and be sure to contact your steward.

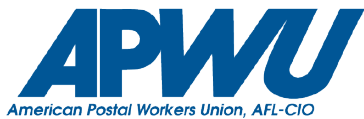
## FAMILY AND MEDICAL LEAVE ACT AND INJURY COMPENSATION

You will be eligible for leave under the Family and Medical Leave Act (FMLA) after you have 12 months of employment and you have worked 1,250 hours during the 12 months prior to the start of leave.

You are also protected under the Federal Employee Compensation Act (FECA) if you are injured at work or if you sustain an occupational disease. The union works on your behalf in the legislative arena to maintain protections under the FECA.

## YOUR ROLE AS A MEMBER

Being a union member goes beyond paying dues. Our union is a democratic organization whose strength depends on the participation of all members. So, get involved! Be on the lookout for bulletins about upcoming events. Local membership meetings are a great place to meet with co-workers and help make decisions about how best to protect our rights and fight for justice at work and in our communities.



ORGANIZATION DEPARTMENT

1300 L STREET, NW  
WASHINGTON, DC 20005

MEMBERS-ONLY PRIVILEGES

- APWU MasterCard - Visit APWUcard.com for info.
- Voluntary Benefits Plan - Term life insurance, dental coverage, group legal services, accidental death and dismemberment insurance, and much more!
- Union Plus - Discounts mortgage programs, credit clinics and services, auto insurance, auto care, travel and legal assistance, to name a few.
- Accident Benefit Association - A member-owned organization that offers accidental death benefits, life insurance and wage replacement.
- Aflac - Savings on personal indemnity and specified health events insurance plans.
- The American Postal Workers magazine.



IMPORTANT INFORMATION FOR NEW MEMBERS TO SECURE  
REGARDING YOUR LOCAL OR STATE ORGANIZATION

Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

President: \_\_\_\_\_

Address: \_\_\_\_\_

Website: \_\_\_\_\_

Membership Meeting Dates: \_\_\_\_\_

**BE STRONG! BE UNITED! BE UNION!**  
For More Information please visit – [APWU.org](http://APWU.org)