

**U.S. POSTAL SERVICE
INDIVIDUAL TRAINING RECORD**

OCC Code		Salary Level		Position No.		Position Title(s) CITY LETTER CARRIER		
Employee's Name			Date Entered on Duty		DES/ACT Code		Social Security Number	
TRAINING REQUIREMENT*	Check Tng. Needs	REQUIRED INSTRUCTION GIVEN**		ADDITIONAL TRAINING PROVIDED		Employee's Signature and Date	Supervisor's Signature and Date	Remarks
		Administrator's Signature and Date	Tng. Time Used	Administrator's Signature and Date	Tng. Time Used			
A. POSTAL ORIENTATION								
B. CRAFT BASICS								
C. CRAFT SKILLS BUILDING								
1. Driver Orientation								
2. Vehicle Familiarization								
3. Controlled Driving Instruction and Certification								
4. Content/Basics								
5. Demonstration/Practice								
6. Service/Dependability								
7. On-the-Job Training								
8. Service Fundamentals								
D. CAREER BASICS								
Continued on back								

*If total training requirement is not completed, list topics covered on the reverse side.
**When applicable, instructor should note under "Remarks" that additional training is needed.

