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MAR 12 2020



March 9, 2020

Mr. Brian J. Wagner  
President  
National Association of Postal Supervisors  
1727 King Street, Suite 400  
Alexandria, VA 22314-2753

**Certified Mail Tracking Number:**  
7019 1640 0001 4464 7174

Dear Brian:

As a matter of general interest, the Postal Service has revised PS Form 4000-B, *Employee Observation*.

The revisions are primarily to align observation criteria with current terminology and procedure.

Enclosed are copies of PS Form 4000-B, *Employee Observation*, one with and one without the changes identified.

If there are any questions, please contact April Cutchember at extension 6612.

Sincerely,

A handwritten signature in blue ink, appearing to read "Rickey R. Dean".

 Rickey R. Dean  
Manager  
Contract Administration (APWU)

Enclosures

United States Postal Service®  
**Employee Observation**

See instructions on reverse. Use this form to evaluate the employee's level of sales skills and product knowledge. It does not necessarily reflect the items on the Retail Customer Experience Evaluation.

<b>Observation Information</b>				
Office Name	ZIP Code		Supervisor/Observer Name	
Observed Employee Name	Date		Time	
<b>Wait Time in Line</b> In columns to the right, record the information described/asked in this column.	<b>Shipping Transaction 1</b>	<b>Shipping Transaction 2</b>	<b>Shipping Transaction 3</b>	<b>Shipping Transaction 4</b>
Number of employees working the window				
Number of people in line				
Start time				
Stop time				
Wait time in line (if over 5 minutes, provide comments)				
<u>Acknowledge and apologize to customers for any wait times</u>				
Other observations				
<b>Greeting</b>				
Greeted customer pleasantly and made eye contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Item mailed (Letter, Large Envelope, Parcel)	<input type="checkbox"/> Ltr <input type="checkbox"/> Env <input type="checkbox"/> Par	<input type="checkbox"/> Ltr <input type="checkbox"/> Env <input type="checkbox"/> Par	<input type="checkbox"/> Ltr <input type="checkbox"/> Env <input type="checkbox"/> Par	<input type="checkbox"/> Ltr <input type="checkbox"/> Env <input type="checkbox"/> Par
<b>Hazmat and Other Restricted and Nonmailable Items</b>				
Asked the customer whether the parcel (item, article) contained anything liquid, fragile, perishable, or potentially hazardous such as lithium batteries, or perfumes or mercury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Guided the customer to the CDU to respond to Hazmat?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Product Offer and Explanation (Not Scored on the Evaluation — for Reference Only)</b>				
Offered Priority Mail Express or Priority Mail and stated the service standards for each product suggested? (Indicate which services.)	<input type="checkbox"/> Priority Express <input type="checkbox"/> Priority	<input type="checkbox"/> Priority Express <input type="checkbox"/> Priority	<input type="checkbox"/> Priority Express <input type="checkbox"/> Priority	<input type="checkbox"/> Priority Express <input type="checkbox"/> Priority
Offered other classes of mail? (Indicate which classes.)	<input type="checkbox"/> Priority <input type="checkbox"/> FCM <input type="checkbox"/> Standard Post <input type="checkbox"/> Media Mail	<input type="checkbox"/> Priority <input type="checkbox"/> FCM <input type="checkbox"/> Standard Post <input type="checkbox"/> Media Mail	<input type="checkbox"/> Priority <input type="checkbox"/> FCM <input type="checkbox"/> Standard Post <input type="checkbox"/> Media Mail	<input type="checkbox"/> Priority <input type="checkbox"/> FCM <input type="checkbox"/> Standard Post <input type="checkbox"/> Media Mail
Suggested extra services to compliment the selected product?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Offered specific extra services? (Indicate which extra services.)	<input type="checkbox"/> Sig Con <input type="checkbox"/> Ins. <input type="checkbox"/> Cert. <input type="checkbox"/> Ret. Rec. <input type="checkbox"/> None	<input type="checkbox"/> Sig Con <input type="checkbox"/> Ins. <input type="checkbox"/> Cert. <input type="checkbox"/> Ret. Rec. <input type="checkbox"/> None	<input type="checkbox"/> Sig Con <input type="checkbox"/> Ins. <input type="checkbox"/> Cert. <input type="checkbox"/> Ret. Rec. <input type="checkbox"/> None	<input type="checkbox"/> Sig Con <input type="checkbox"/> Ins. <input type="checkbox"/> Cert. <input type="checkbox"/> Ret. Rec. <input type="checkbox"/> None
Explained the features/benefits of suggested extra services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Offered additional items? (Must be in addition to or other than stamps.) (Indicate which items.)	<input type="checkbox"/> Passport <input type="checkbox"/> PO Box <input type="checkbox"/> MO <input type="checkbox"/> ReadyPost <input type="checkbox"/> Stamps <input type="checkbox"/> Other	<input type="checkbox"/> Passport <input type="checkbox"/> PO Box <input type="checkbox"/> MO <input type="checkbox"/> ReadyPost <input type="checkbox"/> Stamps <input type="checkbox"/> Other	<input type="checkbox"/> Passport <input type="checkbox"/> PO Box <input type="checkbox"/> MO <input type="checkbox"/> ReadyPost <input type="checkbox"/> Stamps <input type="checkbox"/> Other	<input type="checkbox"/> Passport <input type="checkbox"/> PO Box <input type="checkbox"/> MO <input type="checkbox"/> ReadyPost <input type="checkbox"/> Stamps <input type="checkbox"/> Other
<b>DIM Weight Packaging</b>				
If package was Priority Mail destined for Zones 51-9, were measurements entered for possible DIM weight	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If package qualified for DIM Weight postage, was it charged and applied? If not, why not?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If DIM Weight was not collected but should have been, was it reviewed with the employee as soon as possible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Other</b>				
Wore the complete uniform? (i.e., shirt-tie or polo shirt, name tag, navy or gray pants)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provided attention to the customer during the entire transaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ended the transaction in a pleasant manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provided a receipt to the customer without being asked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Circled the "POS One-Survey" URL link or the QR Code on the customer receipt?	Yes No	Yes No	Yes No	Yes No
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[See reverse for the Review section and Instructions.]

<b>Review</b> Supervisor Comments/Actions — Address Each "No"			
Employee Comments			
Employee Signature	Date	Supervisor/Observer Signature	Date

## Instructions

### *Purpose*

The purpose of an employee observation is as follows:

- Observe interactions between the employee and four consecutive shipping transactions.
- Record the level of employee's sales skills and product knowledge.
- Use the results of the observation to serve as a communication/coaching tool between management and the employee.

### *Procedures:*

- Perform an employee observation (using PS Form 4000-B) for each employee at least once per month.  
**Note:** Units not meeting targets should provide more frequent observations.
- Compare the employee's performance with previous observations.
- Review the results of the observation with the employee within 24 hours.
- During the review with the employee, do one of the following as appropriate depending on the results of the employee observation:
  - If the employee achieves 100% or meets the local sales skills goal, congratulate the employee for a job well done. (Local recognition programs are beneficial.)
  - If the employee does not meet expectations, coach the employee on ways to improve knowledge and performance.
- Provide a copy of the results to the employee and to the district Retail manager, and file the results of the observation at the unit for 2 years.

United States Postal Service®  
**Employee Observation**

See instructions on reverse. Use this form to evaluate the employee's level of sales skills and product knowledge. It does not necessarily reflect the items on the Retail Customer Experience Evaluation.

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Observed Employee Name	Date		Time	
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Greeted customer pleasantly and made eye contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Asked the customer whether the parcel (item, article) contained anything liquid, fragile, perishable, or potentially hazardous such as lithium batteries, perfumes or mercury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Guided the customer to the CDU to respond to Hazmat?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Offered specific extra services? (Indicate which extra services.)	<input type="checkbox"/> Sig Con <input type="checkbox"/> Ins. <input type="checkbox"/> Cert. <input type="checkbox"/> Ret. Rec. <input type="checkbox"/> None	<input type="checkbox"/> Sig Con <input type="checkbox"/> Ins. <input type="checkbox"/> Cert. <input type="checkbox"/> Ret. Rec. <input type="checkbox"/> None	<input type="checkbox"/> Sig Con <input type="checkbox"/> Ins. <input type="checkbox"/> Cert. <input type="checkbox"/> Ret. Rec. <input type="checkbox"/> None	<input type="checkbox"/> Sig Con <input type="checkbox"/> Ins. <input type="checkbox"/> Cert. <input type="checkbox"/> Ret. Rec. <input type="checkbox"/> None
Explained the features/benefits of suggested extra services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Ended the transaction in a pleasant manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provided a receipt to the customer without being asked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Circled the "POS Survey" URL link or the QR Code on the customer receipt?	Yes No	Yes No	Yes No	Yes No
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[See reverse for the Review section and Instructions.]

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Employee Comments			
Employee Signature	Date	Supervisor/Observer Signature	Date

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