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April 7, 2023

Mr. Ivan D. Butts  
President  
National Association of Postal Supervisors  
1727 King St., STE 400  
Alexandria, VA 22314-2753

**Certified Mail Tracking Number:**  
7020 3160 0002 0327 5781

Dear Ivan:

As a matter of general interest, the Postal Service plans to revise PS Form 4000-B, *Employee Observation*.

The purpose of the revision is to update the employee observation form to align with the retail clerks current daily responsibilities.

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

Please contact Dion Mealy at 202-507-0193 if you have any questions concerning this matter.

Sincerely,

A handwritten signature in blue ink, appearing to read "Shannon Richardson", with a long horizontal flourish extending to the right.

Shannon Richardson  
Director  
Contract Administration (APWU)

Enclosures

# Employee Observation

See Instructions and Review section on reverse. **Please address each "No" 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.

**OBSERVATION INFORMATION**

Office Name	ZIP Code™	Supervisor/Observer Name
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Observed Employee Name	Date	Time
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**WAIT TIME IN LINE Customer Experience – WAIT TIME IN LINE**  
In columns to the right, record the information described/asked in this column.

	Shipping Transaction 1	Shipping Transaction 2	Shipping Transaction 3	Shipping Transaction 4
Number of employees working the window				
Number of <u>people-customers</u> in line				
<u>Transaction</u> Start time				
<u>Transaction</u> Stop time				
<u>Total</u> Wait time in line (if over 5 minutes, provide comments)				
Acknowledge and apologize to customers for any wait times. <u>Did the clerk or lobby assistant apologize for any wait times?</u>				
<u>Are customers utilizing the Self Service Kiosk (SSK)?</u>				

**GREETING Customer Experience - GREETING**

Greeted customer pleasantly and made eye contact?	☐ YES ☐ NO	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
<u>Item mailed (Letter, Envelope, Parcel)</u>	☐ Ltr ☐ Env ☐ Par	☐ Ltr ☐ Env ☐ Par	☐ Ltr ☐ Env ☐ Par	☐ Ltr ☐ Env ☐ Par

**HAZMAT AND OTHER RESTRICTED AND NONMAILABLE ITEMS Customer Experience - HAZMAT**

Asked the customer whether the parcel (item, article) contained anything liquid, fragile, perishable, or potentially hazardous such as lithium batteries, perfumes <u>or mercury?, or aerosols?</u>	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Guided the customer to the CDU to respond to Hazmat?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
<u>Did the customer personally enter their answer to the HAZMAT question on the CDU display?</u>	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

**Employee Experience - PRODUCT OFFER AND EXPLANATION (NOT SCORED ON THE EVALUATION — FOR REFERENCE ONLY)**

<u>Item(s) mailed (Letter, Envelope or Parcel)</u>	☐ Ltr ☐ Env ☐ Par	☐ Ltr ☐ Env ☐ Par	☐ Ltr ☐ Env ☐ Par	☐ Ltr ☐ Env ☐ Par
Offered Priority Mail Express® or Priority Mail® and stated the service standards for each product suggested? (Indicated which services.)	☐ Priority Express ☐ Priority	☐ Priority Express ☐ Priority	☐ Priority Express ☐ Priority	☐ Priority Express ☐ Priority
Offered other classes of mail? (Indicated which classes.)	☐ Priority ☐ FCM ☐ Retail Ground ☐ Media Mail	☐ Priority ☐ FCM ☐ Retail Ground ☐ Media Mail	☐ Priority ☐ FCM ☐ Retail Ground ☐ Media Mail	☐ Priority ☐ FCM ☐ Retail Ground ☐ Media Mail
Suggested extra services to compliment the selected product?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Offered specific extra services? (Indicated which extra services.)	☐ Sig Con ☐ Ins. ☐ Cert ☐ Ret. Rec. ☐ None	☐ Sig Con ☐ Ins. ☐ Cert ☐ Ret. Rec. ☐ None	☐ Sig Con ☐ Ins. ☐ Cert ☐ Ret. Rec. ☐ None	☐ Sig Con ☐ Ins. ☐ Cert ☐ Ret. Rec. ☐ None
Explained the features/benefits of suggested extra services?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Offered additional items? (Must be in addition to or other than stamps.) (Indicate which items.)	☐ Passport ☐ PO Box ☐ MO ☐ ReadyPost ☐ Stamps ☐ Other	☐ Passport ☐ PO Box ☐ MO ☐ ReadyPost ☐ Stamps ☐ Other	☐ Passport ☐ PO Box ☐ MO ☐ ReadyPost ☐ Stamps ☐ Other	☐ Passport ☐ PO Box ☐ MO ☐ ReadyPost ☐ Stamps ☐ Other

**DIM WEIGHT PACKAGING**

If package was Priority Mail destined for Zones 1-9, were measurements entered for possible DIM weight postage?	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A
If package qualified for DIM weight postage, was it charged and applied? If not, why not?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If DIM weight was not collected but should have been, was it reviewed with the employee as soon as possible?	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A

**OTHER Employee Experience – Appearance and Interaction**

Wore the complete uniform (i.e., shirt-tie or polo shirt, name tag, navy or gray pants)? Was the clerk wearing the complete uniform?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Provided attention to the customer during the entire transaction?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

<u>Was the clerk knowledgeable about products and services?</u>	<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
<u>Ended the transaction in a pleasant manner? Did the clerk thank the customer or offer a pleasant closing?</u>	<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
<u>Provided a receipt to the customer without being asked?</u>	<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
<u>Personally invited the customer to take the POS survey? Did the clerk invite the customer to take the POS Survey?</u>	<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

Supervisor Comments/Actions — Address Each "No"  
Other Observations

Employee Comments

Employee Signature	Date	Supervisor/Observer Signature	Date
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### 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.

# Employee Observation

See Instructions and Review section on reverse. Please address each "No" 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.

## OBSERVATION INFORMATION

Office Name	ZIP Code™	Supervisor/Observer Name		
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Observed Employee Name	Date	Time		
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### Customer Experience – WAIT TIME IN LINE

In columns to the right, record the information described/asked in this column.

	Shipping Transaction 1	Shipping Transaction 2	Shipping Transaction 3	Shipping Transaction 4
Number of employees working the window				
Number of customers in line				
Transaction Start time				
Transaction Stop time				
Total Wait time in line (if over 5 minutes, provide comments)				
Did the clerk apologize for any wait times?				
Are customers utilizing the Self Service Kiosk (SSK)?				

### Customer Experience - GREETING

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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### Customer Experience - HAZMAT

Asked the customer whether the parcel (item, article) contained anything liquid, fragile, perishable, or potentially hazardous such as lithium batteries, perfumes, mercury, or aerosols?	<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
Did the customer personally enter their answer to the HAZMAT question on the CDU display?	<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

### Employee Experience - PRODUCT OFFER AND EXPLANATION (NOT SCORED ON THE EVALUATION — FOR REFERENCE ONLY)

Item(s) mailed (Letter, Envelope or 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
Offered Priority Mail Express® or Priority Mail® and stated the service standards for each product suggested? (Indicated 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? (Indicated which classes.)	<input type="checkbox"/> Priority <input type="checkbox"/> FCM <input type="checkbox"/> Retail Ground <input type="checkbox"/> Media Mail	<input type="checkbox"/> Priority <input type="checkbox"/> FCM <input type="checkbox"/> Retail Ground <input type="checkbox"/> Media Mail	<input type="checkbox"/> Priority <input type="checkbox"/> FCM <input type="checkbox"/> Retail Ground <input type="checkbox"/> Media Mail	<input type="checkbox"/> Priority <input type="checkbox"/> FCM <input type="checkbox"/> Retail Ground <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? (Indicated 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"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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

### Employee Experience – Appearance and Interaction

Was the clerk wearing the complete uniform?	<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
Was the clerk knowledgeable about products and services?	<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
Did the clerk thank the customer or offer a pleasant closing?	<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
Did the clerk invite the customer to take the POS Survey?	<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

Supervisor Comments/Actions — Address Each "No"  
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