



Delivery Unit Optimization

DUO

Version 2



- Delivery Unit Optimization (DUO) is a cross functional effort to streamline Delivery and Post Office Operations.
- The USPS is trying to identify savings opportunities in operations to better position themselves for a successful future.

Savings Opportunity Areas



- Function 4 Operations
 - Complement
- Office Level (Postmaster/EAS)
- Facilities
 - Lease
 - Custodial
- Transportation
 - Trips/Frequency

Potential Costs



- Function 2 Operations
 - Travel Time
- Office Level (Postmaster/EAS)
- Facilities
 - Additional Parking
 - Minor Building Modifications
- Transportation
 - Re-negotiated Contract/Vehicle Capacity

Candidate Offices:



- Grouping of post offices within 10-15 mile radius
- Serviced by the same processing facility
- Facility Capacities
 - Excess workspace in at least 1 office
 - Sufficient parking
- Current Staffing
 - EAS/Craft

Candidate Offices (cont'd)...



- "Hub"
 - Receives delivery operations
- "Post Offices"
 - 9 routes or less
 - Transfer delivery operations to parent office
 - Retains retail window operations
 - Retains post office box operations

PS Form 150



- What is in your Form 150?
- What feeds the info into the automated Form 150?



B	C	D	E	F	G	H	I	J	K	L	M	N
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Western AREA

NORTHLAND PFC

Select a District

LOWRY PO

Select a Post Office

Postmaster version - Export selected Office to a new Excel file

File version - Export selected Office to a new Excel file

WORKLOAD SERVICE CREDITS (PS 150) DISTRICT: **NORTHLAND PFC** Type of Review: Put X mark
 POST OFFICE, STATE, AND ZIP: **LOWRY PO, MN 56349** Vacancy
 FINANCE NUMBER **26-5760** 3 yr Mgmt Review
 Date of Vacancy: (Or Today's Date if not vacant): Postmaster Initiated

	NUMBER	FACTOR	TOTAL
1 CURRENT POSTMASTER LEVEL	EAS-13		
2 FINANCE NUMBER	26-5760		
3 NO. GENERAL DELIVERY FAMILIES SERVED		X 1.00	0
4 NO. POST OFFICE BOXES/CALL BOXES SERVED	139	X 1.00	139
5 NO. POSSIBLE CITY DELIVERIES	0	X 1.33	0
6 NO. ADMINISTRATIVE RURAL ROUTES BOXES SERVED	530	X 1.00	530
7 NO. INTERMEDIATE RURAL BOXES SERVED		X 0.70	0
8 NO. ADMIN RESP INTERM RURAL BOXES OTHER OFC		X 0.30	0
9 NO. ADMINISTRATIVE HCR BOXES SERVED	0	X 1.00	0
10 NO. INTERMEDIATE HCR BOXES SERVED		X 0.70	0
11 NO. ADMIN RESP FOR INTERM HCR BOXES FOR OTHER OFFICES		X 0.30	0
12 NO. CARRIER STATION/BRANCHES	0	X 3	0
13 NO. FINANCE STATION/BRANCHES (without carrier delivery service)	0	X 2	0
14 NO. CONTRACT STATIONS/BRANCHES & COMMUNITY POST OFFICES	1	X 1	1
15 MAIL PROCESSING CENTER? (IF YES, fill in 2 tabs - Primary or/and Secondary)	N		0
16 SEPARATE ALL INCOMING LETTER SIZE MAIL?(DPS, 876,etc., ANSWER "N")	N		-42
17 SEPARATE ALL INCOMING FLAT SIZE MAIL?(Carrier Routed from FSM - answer "N")	Y		0
18 RESPONSIBLE FOR VMF? (YES OR NO)	N		0
19 ADMINISTRATIVE RESPONSIBILITY FOR AMF/ATC? (YES OR NO)	N		0
20 LESSOR FOR GOVERNMENT OWNED BUILDING? (YES OR NO)	N		0
21 AUTOMATION /OFFICE HAS MPLSM/SPLSM? (YES OR NO)	N		0

SPLIT DELIVERY ADJUSTMENT: 0
 If applicable, go to Split City Del tab, input 3 items.
 GROSS REVENUE UNITS: 254 FY08
 DEDUCTIONS FOR PLANT LOAD VOL:
 TOTAL REVENUE UNITS: 254

No.	Factor	Total
25 x	1	25
229 x	0.5	115
0 x	0.25	0
0 x	0.1	0
0 x	0.01	0
TOTAL:		140

TOTAL WSC'S AND REVENUE CREDITS: 766.1
 NEW POST OFFICE LEVEL: 13
 No Change in Level
 Occu Code:

UPGRADE THE OFFICE IF THE FOLLOWING CONDITIONS ARE MET

GRADE & THE WSCS ARE	& TOTAL EXCEPTION	NOV	GREATER than	CREDITS are	Quality?	NO
A	37	1 or more				
C	77	1 or more				
E	118	1 or more				



B	C	D	E	F	G	H	I	J	K	L	M	N
13	NO. FINANCE STATION/BRANCHES (without carrier delivery service)			0	X	2	0					
14	NO. CONTRACT STATIONS/BRANCHES & COMMUNITY POST OFFICES			1	X	1	1					
15	MAIL PROCESSING CENTER? (IF YES, fill in 2 tabs - Primary or/and Secondary)			N			0					
16	SEPARATE ALL INCOMING LETTER SIZE MAIL?(DPS, 876,etc., ANSWER "N")			N			-42					
17	SEPARATE ALL INCOMING FLAT SIZE MAIL?(Carrier Routed from FSM - answer "N")			Y			0					
18	RESPONSIBLE FOR VMF? (YES OR NO)			N			0					
19	ADMINISTRATIVE RESPONSIBILITY FOR AMF/ATC? (YES OR NO)			N			0					
20	LESSOR FOR GOVERNMENT OWNED BUILDING? (YES OR NO)			N			0					
21	AUTOMATION /OFFICE HAS MPLSM/SPLSM? (YES OR NO)			N			0					
22	DISTRIBUTE FOOD STAMPS? (YES OR NO)			N			0					
23	SEASONAL WORKLOAD INCREASE? (YES OR NO) (IF YES, COMPLETE 'Seasonal' TAB)						0					
24	SEASONAL WORKLOAD DURATION (NO. OF WEEKS)											
TOTAL EXCEPTION CREDITS:							1					
PS 150 Worksheet COMPLETED BY:				Phone No.:								
APPROVED BY:				Phone No.:								
Job Title:				PRINT DATE:		6/15/2009						

NEW POST OFFICE LEVEL: **13**
 No Change in Level
 Occu Code:

UPGRADE THE OFFICE IF THE FOLLOWING CONDITIONS ARE MET

GRADE & THE WSCS ARE	& TOTAL EXCEPTION CREDITS are	Qualify?
NOV	GREATER than	NO
A	37 1 or more	
C	77 1 or more	
E	118 1 or more	
11	319 3 or more	
13	784 3 or more	
15	1992 5 or more	
18	5300 5 or more	
20	12,600 8 or more	
21	25,300 8 or more	
22	66,900 13 or more	
24	164,000 13 or more	

GRADE:	ZONE OF TOLERANCE	
	OR DOWNGRAD	FOR UPGRADE
A	none	41 - 45
C	36 - 40	83 - 93
E	73 - 82	126 - 141
11	111 - 125	336 - 376
13	298 - 335	821 - 914
15	736 - 820	2076 - 2291
18	1869 - 2075	5501 - 6049
20	4951 - 5500	13,001 - 14,299
21	11,701 - 13,000	26,001 - 28,599
22	23,401 - 26,000	68,201 - 75,020
24	61,381 - 68,200	167,201 - 183,919
26	150,481 - 167,200	and up

Notes:
 Offices that are either below or above the Zone of Tolerance range are immediately graded accordingly.
Worksheet Tabs must be completed for the following:
Seasonal Workload ~ For Seasonal credit to be considered, IMAQ reports for the office from prior "Season" must be included to validate add-on request. (Insert additional TABS as needed).
Outgoing/Incoming Primary Distribution ~ Requirements for credit are covered in the TAB.
Secondary Distribution ~ Requirements for credit are covered in the TAB.
Plant Load Deductions (Revenue Units) ~ Input the volume in Cell O18 in this sheet
Split City Delivery ~ See TAB for requirements.
For ZOT Review ~ Insert additional WSC Worksheet TABS for each year to demonstrate office has remained in ZOT for two consecutive years. This will require 3 150's. Start of first year, end of first and end of second years.

Postmaster Salaries



- Optimized Postmaster
- Hub or Gaining Postmaster

Employee Issues



- Rural Carriers
- PMR
- Clerks
- Contract cleaners

What is Our Role?



- Ask to get on the analysis team
- Review all data
- Do NOT get community involved

Review Data



- How many miles were added to each Rural Route & what were the changes?
- What's the change in level for losing and gaining office? Was either vacant?
- Were any EAS positions added?

Review Data

(Cont'd)...



- What was the net change in hours used for new office vs. losing and gaining combined?
- What was the net change to HCR transportation?
- Were there any facility changes such as restrooms expanded, break rooms expanded, parking lot changes?



Review Data

(Cont'd)...

- Was the losing office leased or owned?
If leased, when does it expire?
- Was the gaining office leased or owned?
- Review leases at
<http://www.usps.com/foia/readroom/leasedfacilitiesreport.htm>

Summary



- Keep the State President informed along with the Area Coordinator.
- Communicate and Train all Postmasters on the process.
- Contact a National VP or League Headquarters when in doubt.

Summary



- DUO is ongoing and expanding
- Know what is in your PS150
- Questions?

DUO Hot Links:

Automated Form150:

http://blue.usps.gov/humanresources/professionalportal/directreports/staffingandfieldpolicy/operations%20complement%20management/ocm1_tools_ps150.shtml?

IMAO website (AMS delivery data):

http://imaq.usps.gov/usdf_index.cfm

Automated SWCs:

http://blue.usps.gov/humanresources/professionalportal/directreports/staffingandfieldpolicy/operations%20complement%20management/ocm1_tools_swcs.shtml?

Leased Facility Data:

<http://www.usps.com/foia/readroom/leasedfacilitiesreport.htm>

Postal Owned Facility Data:

<http://www.usps.com/foia/readroom/ownedfacilitiesreport.htm>

SOV/CSV Programs:

<http://variance.usps.gov/>



National League Of Postmasters

This training was provided by the National League of Postmasters and is just one more benefit you receive as a member.





1187

Complete Form 1187 and fax to (703) 329-0466 or mail to the LEAGUE. Upon receipt, you will receive your membership card and your state branch will be notified of your membership. Your monthly dues will be deducted from your pay and remitted to the LEAGUE by the Postal Service. **Updated May 2007**

Nov08

Check One: PM OIC PMR Assoc. Mem Home Telephone (____) _____
 Date of Birth _____ Sex F M P. O. Telephone (____) _____

Standard Form No. 1187
 Revised August 2007
 U.S. Civil Service Commission
 PM Center 555
 1187-232

**REQUEST AND AUTHORIZATION FOR VOLUNTARY ALLOTMENT
 OF COMPENSATION FOR PAYMENT OF EMPLOYEE ORGANIZATION DUES**

NAME OF EMPLOYEE (Print - Last Name, First, Middle)			
HOME ADDRESS (Street and Number)		City and State	(Zip+4) USPS Employee I.D.#
OFFICE ADDRESS Home P.O. Finance No.		Mail To: <input type="checkbox"/> Home <input type="checkbox"/> Office E-mail:	
Post Office		(For Office Use Only)	
Level of Office: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt			
STREET ADDRESS			
CITY	STATE	ZIP+4	

SECTION A - FOR USE BY EMPLOYEE ORGANIZATION		(For Office Use Only)
NAME OF EMPLOYEE ORGANIZATION (Include full, street, suite or other appropriate identifier)		
N NATIONAL LEAGUE OF POSTMASTERS 5904 Richmond Highway, Suite 500 Alexandria, Virginia 22303-1864		
I hereby certify that the regular dues of this organization for the above named member are currently established at \$ _____ per calendar month.		
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL		DATE

SECTION B - AUTHORIZATION BY EMPLOYEE	
I hereby authorize the above named agency to deduct from my pay each period, or the first full pay period of each month, the amount certified above as the regular dues of the National League of Postmasters (Name of Employee Organization) and to remit such amounts to that employee organization in accordance with its arrangements with my employing agency. I further authorize any change in the amount to be deducted which is certified by the above named employee as a uniform change in its dues structure. I understand that this authorization will become effective the first pay period following its receipt in the Human Resources Shared Services Center (HRSSC), PO Box 970400, Greensboro, NC 27497-0400.	
I further understand that my dues may only be canceled either by separation from the USPS or by using USPS Standard Form No. 1188, Revocation of Voluntary Authorization for Allotment of Compensation for Payment of Employee Organization Dues, and that I may revoke this authorization at any time by filing the original of such a revocation form with the USPS HRSSC, PO Box 970400, Greensboro, NC 27497-0400. SF 1188 is available on the USPS Intranet on the Forms page. Such revocation will not be effective however until the first full pay period following March 1st or September 1st of any calendar year, whichever date first occurs after the SF 1188 is received in the HRSSC. (See ELM Section 925 for full explanation of Cancellation of Dues Withholding guidelines.) Additional information may be obtained by calling HRSSC at 1-877-477-3273.	
SIGNATURE OF EMPLOYEE	DATE

RECRUITER NAME (PLEASE PRINT)	
First _____	Last _____
City _____	State _____ Zip _____
WORK PHONE: _____	HOME PHONE: _____ DATE _____

Not a member
 YET
 of the
 "Education Organization"
 Just ask how!