

MAIL MANAGEMENT EMPLOYEE LISTING FOR MAIL DELIVERY

Please type the information for this Mail Delivery Point only. Complete a separate form for each mail stop. Please be sure to include and verify pickup E-mail address provided is correct in order to ensure mail pickup notifications. (Note: Each mail stop code must have it's own pickup E-mail address and can only be used for one mail stop code, additional stop codes will need a separate E-mail address.)

Current Stop Code*:

Current Room*:

Program/Division/Branch*:

*Required field
Pickup Notification E-mail*:

(firstname.last@usda.gov)

	Name: (Last, First and Middle Initial)*	Other Name(s) Used:*	From Room*:	To Room*:	Building*:	Add	Delete	Keep	Effective Date (mm/dd/yyyy)*
1.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Person submitting this form*:									
E-mail Address*:									

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21.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Person submitting this form*:								
	E-mail Address*:								