Name	(Las	t, First, MI)			SSN			1				DES	S/AC	т
110	DPP (PSDS) Tr. MMDD (ETC) Code			FON-LU			Route Number				Time (HRs./100s)			
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Input by (Initials)		Date Signature of			upervisor				Pay Loc.		Date			
PS Fo	orm 1:	 <b>260</b> , March	1993						N	U ONTR	RANS	ACT	OR C	ARD

Time Conversion Table

Time conversion rabio										
Minutes	linutes Hun- dredths		Minutes	Hun- dredths		Minutes	Hun- dredths			
0	.00									
1	.02		21	.35		41	.68			
2	.03		22	.37		42	.70			
3	.05		23	.38		43	.72			
4	.07		24	.40		44	.73			
5	.08		25	.42		45	.75			
6	.10		26	.43		46	.77			
7	.12		27	.45		47	.78			
8	.13		28	.47		48	.80			
9	.15		29	.48		49	.82			
10	.17		30	.50		50	.83			
11	.18		31	.52		51	.85			
12	.20		32	.53		52	.87			
13	.22		33	.55		53	.88			
14	.23		34	.57		54	.90			
15	.25		35	.58	ı	55	.92			
16	.27		36	.60		56	.93			
17	.28		37	.62	ı	57	.95			
18	.30		38	.63		58	.97			
19	.32		39	.65		59	.98			
20	.33		40	.67	l					

"The collection of this information is authorized by 39 USC 401, 1003, 1005, 5 USC 8339. It will be used to reflect accurate time-keeping. As a routine use, this information may be disclosed to a Federal agency when relevant to the administration of employment benefits and programs including EEO, to an appropriate law enforcement agency for investigative or prosecution proceedings, to a congressional office at your request, to OMB for review of private relief legislation, to a labor organization as required by the NLRA, and where pertinent, in a legal proceeding to which the Postal Service is a party. Completion of this form is voluntary; however, if this information is not provided, you may not be paid for hours worked."

PS Form **1260**, March 1993 (Reverse)