

OFFICIAL OPT FORM

Fill out, make copies, and hand in to supervisor.

STATION / POST OFFICE _____

DATE _____

OPTING CARRIER INFORMATION:

Reserve Letter Carrier (RLC) Assignment # _____

Unassigned Regular _____

Part Time Flexible _____

BASE SCHEDULE: Reporting Time _____ Day Off (Color Code) _____

EFFECTIVE DATE OF THE BASE SCHEDULE: _____

OPTED ROUTE(S) OR ASSIGNMENT(S) INFORMATION:

	<u>First Choice</u>	<u>Second Choice</u>	<u>Third Choice</u>	<u>Fourth Choice</u>
Leave Period(s)+++++	_____	_____	_____	_____
Route Number(s)+++++	_____	_____	_____	_____
Day(s) Off: (Color Code)++++	_____	_____	_____	_____
Reason for Assignment+++++ (Type of Leave, etc.)	_____	_____	_____	_____
Reporting Time(s)+++++	_____	_____	_____	_____
Effective Date(s) of Assignment(s)+++++	_____	_____	_____	_____

I, the undersigned, request to be assigned to the above leave vacancies for the duration of the absence(s).

CARRIER'S NAME (Print) _____ Signature _____

SOCIAL SECURITY # _____ SENIORITY DATE _____ RANK _____

STATION MANAGER (Print) _____ Signature _____

Date of Signature _____

*NOTE: Original to Unit File and copies to the following:

cc: Employee
President,

GOLDEN GATE BRANCH 214
NAT. ASSN. OF LETTER CARRIERS
2310 MASON STREET, FOURTH FLOOR
SAN FRANCISCO, CA 94133