

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