

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: \_\_\_\_\_

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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)+++++	_____	_____	_____	_____

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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