

RURAL CARRIER REQUEST FOR LEAVE REPLACEMENT

POST OFFICE _____

RURAL CARRIER. _____

ROUTE NUMBER--_____

DATE _____

TO: (POSTMASTER OR MGR)

As per Article 30, Section 2.A.2 of the National Agreement, I hereby request that a leave replacement be assigned to my route as soon as possible. I expect this assignment to occur within the 120 day period set forth in the Analysis of the National Agreement.

Rural Carrier

Received by _____ Date _____