

Rural Carrier Request For Action

NAME

DATE: POSTMASTER/SUPERVISOR NOTIFIED: _____

THIS FORM IS TO OFFICIALLY REQUEST THE FOLLOWING ACTION (S):

1) This is to request an official RCA transfer from the _____
post office to the _____ post office to fill the leave replacement
vacancy available on RR _____ per Art. 30.2.F of the national agreement between the NRLCA and
the USPS.

Date: ____/____/____ Signature: _____

Copy to postmaster/supervisor of each office