

LEAVE REPLACEMENT ASSIGNMENT REQUEST

DATE _____

I, _____, the regular rural carrier of rural route # _____, hereby request that a leave replacement be assigned to my route, in accordance with Article 30.2.A.2 of the Agreement between the United States Postal Service and the National Rural Letter Carriers Association.

The submission of this dated notification shall constitute the beginning of the reasonable period of time (120 days)* in which to assign my route a leave replacement.

SIGNATURE OF REGULAR CARRIER

DATE

MANAGEMENT RECIPIENT

DATE

*Reference: Handbook EL-902-1, page 46 of Analysis of Changes section.