

Pursuant to the provisions of Article 9, Section 2.C.7.b, of the National Agreement between the United States Postal Service[®] and the National Rural Letter Carriers' Association.

,	, agree as follows:
(Name of Carrier)	-

I am a regular rural carrier serving route # _____, ____,

(Name of Post Office[™])

higher route classification at the commencement of the guarantee period. I understand that the Postmaster in charge of my office believes that my actual work hours will exceed 2,080 during my current guarantee period. I agree to use sufficient annual leave during the remainder of the current guarantee period to assure that my actual work hours do not exceed 2,080 during the guarantee period.

Signature	Route #/Post Office	Date (MM/DD/YYYY)



. I did not elect a