

Rural Carrier Request For Action

NAME

POST OFFICE

ROUTE

POSTMASTER/SUPERVISOR NOTIFIED

DATE NOTIFIED

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

- 1) _____ I request that my route be adjusted as soon as possible in accordance with the applicable adjustment criteria (M-38, Route Adjustment Handbook, Automation MOU's and / or District Policy accepted by the union) and Article 30.1.J of the USPS / NRLCA National Agreement.
- 2) _____ I request that I be granted my contractual right under article 9.2.C.6 of the USPS / NRLCA National Agreement to my Saturday relief day and hereby notify you that unless specified I do not agree to work my Saturday relief day.
- 3) _____ I request that I be granted auxiliary assistance for combined (regular and relief employee) worktime that exceeds 57.36 hours per week and up to my evaluated route time. (For Overburdened Routes)
- 4) _____ I request that I be granted auxiliary assistance and / or compensation for cleaning up surplus and / or curtailed mail left from my relief day and / or leave day.
- 5) _____ I request that a relief employee be assigned as the leave replacement on my route.
- 6) _____ I request

Date: ____/____/____

Signature: _____

Original to Postmaster/Supervisor
1 copy to State Steward
1 copy to Local Steward
1 copy to Rural Carrier