

# National Rural Letter Carriers' Association

## 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.5 (plus the F-21.581.141, & POM 651.1 manuals) 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) work hours that exceeds 57.36 hours per week and up to my evaluated route time. (For Overburdened Routes only)
- 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 per Article 30.2.A.2 that a relief employee be assigned, trained, and utilized as the leave replacement on my route within 120 days of receipt of this request.
- 6) \_\_\_\_\_ I request management contact the customers on the attached list that DMM 508.3.2.9 regarding multiple addresses shared by one mail receptacle need be complied with; please notify me when the contact has been made.
- 7) \_\_\_\_\_ I request management update and submit PS Form 4003 every time the edit book is submitted.
- 8) I request that: \_\_\_\_\_

Note: This request/s is submitted with the understanding that a response/s is provided as soon as possible but no later than 14 days from submission in order to avoid having to move to the formal process for addressing issues (Article 15.3).

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Original to Postmaster/Supervisor  
I copy to District Representative  
I copy to Local Steward/Area Steward/Assistant District Representative  
I copy to Rural Carrier