

DESIGNATION 79 OPTION FORM

(Choose either Option A or B
Only in a Non-Formula Office)

OPTION A

On _____, _____, I _____ elect to
(Date) (Name of Carrier)

continue to serve as the leave replacement for the carrier on Regular Rural Route to which I am assigned and to serve Auxiliary Rural Route # _____ when not serving on the Regular Rural Route.

OPTION B

On _____, _____ I _____ elect to
(Date) (Name of Carrier)

serve Auxiliary Rural Route # _____ **SIX (6) DAYS each week.** I understand all rights to be a leave replacement (primary, second or third) for any other Regular Route in the office will be relinquished.

Additionally, I acknowledge that I may relinquish the Designation 79 **Option B** election, and opt to become a leave replacement if and when a leave replacement vacancy occurs in this office, at which time I would sign a new option form, and opt for **Option A.**

(Neither option will affect seniority or bidding rights).

Carrier Name _____ Postmaster _____

Office Name _____