

DESIGNATION 79 OPTION FORM

(Choose either Option A or B)

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 DES 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 _____