

U. S. Postal Service ROUTING SLIP		Office or Room No.	<input type="checkbox"/> Approval <input checked="" type="checkbox"/> Signature <input type="checkbox"/> Comment <input type="checkbox"/> See Me <input checked="" type="checkbox"/> As Requested <input type="checkbox"/> Information <input checked="" type="checkbox"/> Read and Return <input type="checkbox"/> Read and File <input checked="" type="checkbox"/> Necessary Action <input type="checkbox"/> Investigate <input type="checkbox"/> Recommendation <input type="checkbox"/> Prepare Reply <input type="checkbox"/>
To:	Delivery Supervisor		
1			
2			
3			
4			
5			
From:	,CC		Phone No.
Date			Room No.
Remarks:			
<p>In accordance with the Das Award, General Principles Section 1m, and Article 41.2.B.4 , I am writing to request being placed on an Opt assignment on ;</p> <p>Route _____</p> <p>Effective ____/____/____</p> <p>Please acknowledge receipt by your signature and date below. I will check back with you on the status of my request not later than 24 hours prior to the effective start date of the opt assignment.</p> <p>Supervisor Signature _____</p> <p>Printed Name _____</p> <p>Date ____/____/____</p> <p>Steward Initials _____</p> <p>CC: Supervisor, Steward, Requesting CCA carrier</p>			