

MUTUAL EXCHANGE REQUEST FORM

The following regular rural carriers request a mutual exchange of their respective post offices in accordance with Article 12.5.A.3.

Rural Carrier A

Name \_\_\_\_\_ Route Number \_\_\_\_\_  
 Post Office \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_

AND

Rural Carrier B

Name \_\_\_\_\_ Route Number \_\_\_\_\_  
 Post Office \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_

The signatures on this form signify the understanding of each individual that each regular carrier involved intends to be reassigned and work at the other carrier's office. Neither rural carrier intends to retire, resign or leave the rural carrier craft in lieu of transferring and being employed at the other office. This mutual exchange will be considered final and binding when both carriers and both installation heads involved have signed this form.\* It may only be cancelled if all parties agree. The posting of both routes for regular rural carriers in each installation will occur within a reasonable time after completion of this form in accordance with Article 12.3.A.1.d.

_____	Office A	-	Rural Carrier	_____	Date
_____	Office A	-	Postmaster	_____	Date
_____	Office B	-	Rural Carrier	_____	Date
_____	Office B	-	Postmaster	_____	Date

\* If the mutual exchange includes more than two carriers, use a second form to record the additional carrier(s) and postmaster(s).