



Don Cantriel, President  
National Rural Letter Carriers'  
Association  
1630 Duke Street  
Alexandria, VA 23314-3467

Re: Q00R-4Q-C 06046409  
Class Action  
Washington, DC 20260-4101

Dear Don:

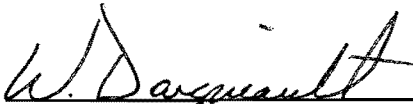
The parties recently met in pre-arbitration discussion regarding the above referenced case.


The issue in this case concerns the intent of Article 12.5.A.3 of the National Agreement regarding regular rural carriers of different post offices affecting mutual exchange of offices.

The Mutual Exchange Request Form referenced in Article 12.5.A.3 is amended as enclosed.

Please sign and return the enclosed copy of this letter as your acknowledgment of the above agreement and to remove it from the pending national arbitration listing.

Sincerely,

  
\_\_\_\_\_  
William Daigneault  
Manager  
Contract Administration, (NRLCA)

  
\_\_\_\_\_  
Don Cantriel, President  
National Rural Letter Carriers'  
Association

Date: 10.27.08

Enclosure

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).