

Reverted Annual Leave - Aurora Local APWU

(PRINT)

Name _____ Date _____

Per the APWU local, I am reverting annual leave. **Reverted leave must be in writing**, submitted to the Local APWU president and the Postmaster, or their designees, for approval at least 14 days prior to the start of the leave. *Less than 14 days' notice will be accepted only in cases of emergency or illness.*

(Week or Days)

(Week or Days)

1) _____

3) _____

(Week or Days)

(Week or Days)

2) _____

4) _____

Bids for the reverted Annual Leave will be awarded within the unit in the following order of priority:

- The senior bidder of those employees junior to the employee. who vacated the bid leave.
- The senior bidder of all employees within the unit.

(EMPLOYEE SIGNATURE)

(APWU Representative)

(USPS Representative)

Date	Name	Seniority Number	Week or Days	Week or Days	Week or Days