

Overtime Desired List

Check only one of the three options below.

Station: _____ **Letter Carrier Craft** **Calendar Quarter:** _____ - _____

Date this list posted: _____ (2 weeks prior to beginning of calendar quarter).

Date this list closed: _____ (At 5pm on day prior to beginning of next calendar quarter).

Notice: Employees placing their name on the overtime desired list will be expected to work overtime when requested by management. Exceptions may be approved by management in exceptional cases (e.g., anniversaries, birthdays, illness, deaths, etc.). Carriers may remove their name from the overtime desired list at any time during the quarter. However, the request may not be immediately honored if the employee is needed for overtime work on the day the request is made.

NAME	Work assignment only	10 hour list	12 hour list	Day off / color	Date signed
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