

NAME OF EMPLOYEE (Please Print of type)		U.S. POSTAL SERVICE VACATION PERIOD SELECTION		
UNIT/STATION: NY L & DC PAY LOC: _____ PHONE NUMBER: _____		EMPLOYEE DESIGNATION Clerk <input type="checkbox"/> Mail Handler <input type="checkbox"/>	SENIORITY DATE	TOUR
FIRST CHOICE (Inclusive Dates)	HOURS	SECOND CHOICE (If First Choice Closed)		HOURS
Week 1: _____		Week 1: _____		
Week 2: _____		Week 2: _____		
Week 3: _____		Week 3: _____		
THIRD CHOICE (If Second Choice Closed)	HOURS	I desire to hold in reserve for Emergency purposes		HOURS
Week 1: _____				
Week 2: _____				
Week 3: _____				
EMPLOYEE'S SIGNATURE	DATE	PERIOD APPROVED (Inclusive Dates)	HOURS	INITIALS

FORM 1547

(Employee Copy)

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