Request to Hold-Down a temporarily vacant route of 5 days or more in duration.

Name:	_ Date:
Route Number:	
Expected Duration of Hold-Down (Begin date/end date):	
If bidding for more than one route that is available du this route is my: ☐ First Choice ☐ Second Choice	
Carrier Signature:	
Supervisor Signature:	Date:
Submit no later than 5 PM on the Tuesday preceding the se	ervice week of the Hold-down.
Copy to submit.	
Request to Hold-Down a temporarily vaca	ant route of 5 days or
Name:	_ Date:
Route Number:	
Expected Duration of Hold-Down (Begin date/end date):	
If bidding for more than one route that is available du this route is my: ☐ First Choice ☐ Second Choice	
Carrier Signature:	
Supervisor Signature:	Date:

Submit no later than 5 PM on the Tuesday preceding the service week of the Hold-down.

RETAIN Receipt copy.