

RESIGNATION UNDER ARTICLE 30

Under the provisions of Article 30.A. of the agreement between the Company and the Association of Professional Flight Attendants, I elect to resign.

At the time of my resignation, I will be 45 years of age or older, but less than 55 and will have at least 20 years of company seniority.

I acknowledge that my benefits and travel privilege are limited to those described in Article 30 of the AA/APFA Agreement and include:

1. A lump sum payment of \$25,000 (minus appropriate taxes).
2. "65 Point Plan" travel as defined by company policy.
3. Deferred pension benefit, if applicable, as outlined in Article 36 of the AA/APFA Agreement.

Date Notice Given: _____

Name & Employee #: _____

Deadline to Rescind: _____
(Date Notice Given + 3 months)

Resignation Effective Date: _____
(Must be the first day of the *contractual month following the six month notice period*)

I understand that if I do not cancel this notice in writing by _____, my resignation is irrevocable.

I further understand that by electing benefits under Article 30.A. of the AA/APFA Agreement, I will not be eligible for other special payments and benefits.

Signature of Flight Attendant _____ Date _____

Mailing Address _____

THIS FORM TO BE COMPLETED BY FLIGHT SERVICE MANAGER EXCEPT FOR FLIGHT ATTENDANT SIGNATURE.

COPIES TO:

1. **FLIGHT ATTENDANT**
2. **PERSONNEL FILE**
3. **FLIGHT ATTENDANT SERVICE CENTER (FASC)**
4. **MANAGER, CONTRACT ADMINISTRATION (FLT SVC HDQ)**