

**DEPARTMENT OF GENERAL SERVICES  
BARGAINING UNIT 12  
LOCAL WORK AREA POST AND BID  
REASSIGNMENT/TRANSFER**

|  |       |      |      |  |  |
|--|-------|------|------|--|--|
| CURRENT CLASSIFICATION:                          |       |      |      | POSITION NUMBER:<br>306-       -       -           |  |
| EMPLOYEE NAME:<br>(PLEASE PRINT)                 | FIRST | M.I. | LAST | OFFICE/BRANCH NAME                                 |  |
| PRESENT WORK LOCATION<br>(ADDRESS/CITY/ZIP CODE) |       |      |      | WORK TELEPHONE NUMBER<br>(       )       -         |  |
| PRESENT WORK WEEK START<br>AND END DAYS ARE:     | START | TO   | END  | PRESENT SHIFT HOURS<br>BEGIN AND END:              | SHIFT BEGINS       TO       SHIFT ENDS |
| CURRENT SUPERVISOR IS:                           |       |      |      | SUPERVISOR'S TELEPHONE NUMBER<br>(       )       - |  |

Pursuant to the provisions of Article 17, July 01, 2010 through July 01, 2012 IUOE/STATE UNIT 12 MOU, I hereby request that I be considered for the local work location position as referenced below.

|  |  |   |   |
|--|--|---|---|
| RPA Number:<br><b>10824- OFAM</b>                  | Post & Bid File By Date on JOB:<br><b>02/10/2016</b>       | City Location of Position<br><b>Sacramento</b>        | Position Number:<br><b>306-141-6898-022</b> |
| Working Days of Position<br><b>Monday – Friday</b> | Working Hours of Position:<br><b>8:00 a.m. – 5:00 p.m.</b> | Classification:<br><b>Automotive Pool Attendant I</b> |   |

I certify that I am currently a full-time permanent employee (having successfully completed my probationary period or having completed all requirements of an authorized State apprenticeship program) in the classification above and am currently working in the city of the position being advertised. I understand that the bidder with the most local seniority will be selected for the position, will be notified of the start date. If I am the most senior bidder and am notified for the start date, I must immediately accept or reject the job offer unless mutually agreed otherwise by the hiring supervisor.

|                    |      |
|--------------------|------|
| EMPLOYEE SIGNATURE | DATE |
|--------------------|------|

This bid form must be submitted to **KIMBERLY GARCIA** at Office of Fleet and Asset Management, 1700 National Drive, Sacramento, CA 95834 and received by **02/10/2016** which is the Post & Bid File By date.

Hiring Office: Please forward all bid forms to KIM MATTILA **after** the Post & Bid File By date for seniority calculations.

| FOR PERSONNEL USE ONLY               |  |                                      |          |  |  |
|--------------------------------------|--|--------------------------------------|----------|--|--|
| LOCAL WORK LOCATION TENURE/TIME BASE |  | LOCAL WORK LOCATION APPOINTMENT DATE |          | LOCAL WORK LOCATION SENIORITY (MONTHS) |  |
| SSN                                  |  | SENIORITY VERIFIED BY:               |          | DATE VERIFIED:                         |  |
| POST AND BID PERIOD VALID FROM :     |  |                                      | THROUGH: |  |  |