

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

CURRENT CLASSIFICATION:	Warehouse Worker	POSITION NUMBER: 307- - 6220 -
EMPLOYEE NAME: (PLEASE PRINT)	FIRST M.I. LAST	OFFICE/BRANCH NAME
PRESENT WORK LOCATION (ADDRESS/CITY/ZIP CODE)		WORK TELEPHONE NUMBER () -
PRESENT WORK WEEK START AND END DAYS ARE:	START TO END	PRESENT SHIFT HOURS BEGIN AND END:
		SHIFT BEGINS TO SHIFT ENDS
CURRENT SUPERVISOR IS:		SUPERVISOR'S TELEPHONE NUMBER () -

Pursuant to the provisions of Post and Bid Article 17, 07/02/13 through 07/01/16 **IUOE/STATE UNIT 12**, MOU, I hereby request that I be considered for the local work location position as referenced below.

RPA Number: 11988 OSP	Post & Bid File By Date on JOB: 9/26/16	City Location of Position: Sacramento	Position Number: 307-503-6220-003
Working Days of Position Monday through Friday	Working Hours of Position: 7:30 AM to 4:00 PM	Classification: Warehouse Worker	

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
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This bid form must be submitted to **Steven Lewis, Warehouse Manager I**, Office of State Publishing, Warehouse Unit – 344 North 7th Street, Sacramento, CA 95811 and received by 9/26/16 which is the Post & Bid File By date.

Hiring Office: Please forward all bid forms to Lauren Walker, Classification and Pay Analyst, **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:		