

POST AND BID REQUEST

Office of Human Resources

DGS OHR 56 (Rev. 03/2020)

Instructions:

This form shall be completed only by **current DGS employees** who are in the same classification as being advertised.This form must be submitted to the contact person/address in Section 3 **NO LATER** than the final filing date.**SECTION 1. EMPLOYEE CURRENT JOB INFORMATION**

LAST NAME	FIRST NAME	MI	CLASSIFICATION
DIVISION	OFFICE	REGION (if applicable)	
WORK STREET ADDRESS	CITY	STATE	ZIP CODE
WORK SCHEDULE DAYS (i.e., Monday-Friday)	WORK SHIFT	WORK HOURS (start-end)	
SUPERVISOR FULL NAME (Last, First M.I.)	SUPERVISOR WORK PHONE NUMBER		

EMPLOYEE STATEMENT

EMPLOYEE SIGNATURE	BEST CONTACT PHONE NUMBER	DATE
--------------------	---------------------------	------

SECTION 2. POSITION IN WHICH EMPLOYEE WISHES TO POST AND BID

RPA NUMBER	BARGAINING UNIT	POSITION NUMBER	CLASSIFICATION
CITY LOCATION	STATE	ZIP CODE	REGION (if applicable)
WORK SCHEDULE DAYS (i.e., Monday-Friday)	WORK SHIFT	WORK HOURS (start-end)	
MEMORANDUM OF UNDERSTANDING EFFECTIVE DATES	ARTICLE NUMBER		
POST & BID TYPE	FINAL FILING DATE (form must be submitted <u>NO LATER</u> than this date)		

SECTION 3. ADDRESS TO SEND POST AND BID FORM (EMPLOYEE RESOURCE LIAISON)

CONTACT PERSON NAME	EMAIL ADDRESS		
STREET ADDRESS	CITY	STATE	ZIP CODE

SECTION 4. OFFICE OF HUMAN RESOURCES USE ONLY

ABMS NUMBER	TENURE	TIME BASE	DATE P&B FORM RECEIVED BY HIRING OFFICE
APPOINTMENT DATE	SENIORITY (months)	DATE VERIFIED	
SENIORITY VERIFIED BY C&P ANALYST (NAME)	COMMENTS		