

**POST AND BID REQUEST**

Office of Human Resources

DGS OHR 56 (Rev. 1/2022)

## 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
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**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 <b>NO LATER</b> 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		