STATE OF CALIFORNIA

DEPARTMENT OF GENERAL SERVICES

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

Pursuant to the MOU Article listed in section 2, I hereby request that I be considered for the vacant position as referenced below. I certify that I am currently a full-time permanent employee having successfully passed my probationary period in the classification above with the Department of General Services. I understand that the bidder with the most continuous permanent full-time statewide seniority in the class (regardless of department) will be offered the position. If I am the most senior bidder and am offered the position, I have a maximum of three (3) work days to accept or reject the job offer unless a longer period is agreed to by the hiring supervisor.

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
21107	15	308-207-2011-931	Custodian I

CITY LOCATION	STATE	ZIP CODE	REGION (if applicable)
Sacramento	CA	95814	IV

WORK SCHEDULE DAYS (i.e., Monday-Friday)	WORK SHIFT	WORK HOURS (start-end)
Monday - Friday	Night	5:00 PM to 1:30 AM

MEMORANDUM OF UNDERSTANDING EFFECTIVE DATES	ARTICLE NUMBER
01/02/2020 to 06/30/2023	20.4.15

POST & BID TYPE	FINAL FILING DATE (form must be submitted **NO LATER** than this date)
Statewide	10/21/2021

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

CONTACT PERSON NAME	EMAIL ADDRESS
Deborah Paulick	deborah.paulick@dgs.ca.gov

STREET ADDRESS	CITY	STATE	ZIP CODE
707 3rd Street, 3rd Floor	West Sacramento	CA	95605

SECTION 4. OFFICE OF HUMAN RESOURCES USE ONLY

ABMS NUMBER	TENURE	TIME BASE	DATE P&B FORM RECEIVED BY HIRING OFFICE
			Field reserved for date stamp by Hiring Office upon receipt from bidder.
APPOINTMENT DATE	SENIORITY (months)	DATE VERIFIED	
SENIORITY VERIFIED BY C&P ANALYST (NAME)			COMMENTS