CLEAR | SAVE | LOCK

STATE OF CALIFORNIA

DEPARTMENT OF GENERAL SERVICES

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
Pursuant to the MOU Article listed in section 2, I hereby request that I be considered for the position as referenced below. 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 below and am currently working in the city of the position being advertised. I understand that the bidder with the most continuous local seniority will be selected for the position and notified of the start date. If I am the most senior bidder and am notified of the start date, I must immediately accept or reject the job offer unless mutually agreed otherwise 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
24605	12	308-970-6940-002	Maintenance Mechanic
CITY LOCATION		STATE ZIP CODE	REGION (if applicable)
Sacramento		CA 95814	Region I
WORK SCHEDULE DAYS (i.e., Monday-Friday)		WORK SHIFT	WORK HOURS (start-end)
Monday - Friday		Day	6:00am - 2:30pm
MEMORANDUM OF UNDERSTANDING EFFECTIVE DATES			ARTICLE NUMBER
July 1, 2021 - June 30, 2023			17
POST & BID TYPE		FINAL FILING DATE (form must be submitted **NO LATER** than this date)	
Local		07/06/2023	

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

CONTACT PERSON NAME	EMAIL ADDRESS		
Gloria Toscano	gloria.toscano@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
APPOINTMENT DATE	SENIORITY (months)	DATE VERIFIED	Field reserved for date stamp by Hiring Office upon receipt from bidder.
SENIORITY VERIFIED BY C&P ANALYST (NAME)			COMMENTS