

CORRECTIONAL LIEUTENANTS

Continuous and Conditional Post and Bid Request Form

Effective: 5/9/2011

Print Name: _____ **PPAS#:** _____ **Seniority Points:** _____

Seniority Number: _____ **Last 4 SSN#:** _____ **Seniority Date:** _____

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE PERSONNEL ASSIGNMENT OFFICE NO LATER THAN **1600 HRS, 4/15/2011**

PLEASE BE SURE TO **PRINT YOUR NAME AND ENTER YOUR CORRECT PPAS NUMBER.**

BID FOR YOUR DESIRED POST BY PLACING A 1 FOR FIRST CHOICE, 2 SECOND CHOICE, ETC. PLACE SELECTION # NEXT TO THE NUMBER IN THE BLANK **SIGN AND DATE ON BOTTOM.** PLEASE PRINT ALL CHOICES LEGIBLE, **DOUBLE CHECK** YOUR FORM TO ENSURE YOU HAVE PICKED THE CORRECT POSTS.

WE WILL NOT BE RESPONSIBLE, NOR WILL WE CHANGE ASSIGNMENTS DUE TO EMPLOYEE ERRORS OR ILLEGIBLE.

NOTE: CORRECTIONAL LIEUTENANTS ON PROBATION AND ONE YEAR LIMITED TERM LIEUTENANTS ARE EXCLUDED FROM THE CONTINUOUS/CONDITIONAL SENIORITY ASSIGNMENT BID PROCESS PER SECTION H (10). PLEASE **DO NOT** SUBMIT A BID IF THIS

NOTE: LT'S WILL HAVE 5 WORKING DAYS FROM THE DUE DATE OF THIS FORM TO RESCIND THIS BID SHEET. LT'S WILL HAVE APPLIES. UNTIL 1600 HOURS ON **4/20/2011** TO RESCIND THEIR BID SHEET. LT'S WILL BE RESPONSIBLE TO REPORT TO THE PERSONNEL ASSIGNMENT OFFICE AND REQUEST TO RESCIND THEIR BID SHEET.

ENTER YOUR PICKS NEXT TO THE CORRESPONDING POST#. (1 BEING YOUR FIRST CHOICE, 2 BEING YOUR SECOND, ETC.)

Bid# Post# Post Name Watch / Hrs RDo A/P Relief Post Description /

	235100	HCA LIEUTENANT	2/W 0600-1400	SS	CONDITIONAL
	320136	LT - WATCH COMMANDER	3/W 14:00-22:00	MT	
	RL3402	REL LT A/RCE	3/W 14:00-22:00	TW	Mon - 340151 IM-I- PROGRAM A / Tue-RDO / Wed - RDO / Thu - CIM-II / Fri - 380196 RCE / Sat - 380196 RCE / Sun - 340151 IM-I- PROGRAM A
	RL2605	REL LT RCC	2/W VARY	TW	MON-PALM/CYPRESS TUE-RDO WED-RDO THURS-COV. REL. FRI-RCC FACILITY SAT-RCC FACILITY SUN- PALM/CYPRESS
	VRL002	V/R LIEUTENANT	VA:RY- :	VAR	XX
	VRL003	V/R LIEUTENANT	VA:RY- :	VAR	XX

A/P = ARMED POST

NOTE: SICK LEAVE AND COVERAGE RELIEF POSITIONS WILL BE ASSIGNED TO THE SAB. STAFF WILL BE ASSIGNED BEHIND SICK CALL-INS, VACANCIES, ETC., ON A DAILY BASIS.

RETURN IT TO THE PERSONNEL ASSIGNMENT OFFICE NO LATER THAN **1600 HRS, 4/15/2011**

SIGNATURE _____

DATE _____