

CORRECTIONAL LIEUTENANTS

Continuous and Conditional Post and Bid Request Form

Effective: 6/6/2011

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, 5/13/2011

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 POST NUMBER IN THE BLANK BOX. **SIGN AND DATE ON BOTTOM.** PLEASE PRINT ALL CHOICES LEGIBLE, AND **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 ENTRIES.

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

NOTE: LT'S WILL HAVE 5 WORKING DAYS FROM THE DUE DATE OF THIS FORM TO RESCIND THIS BID SHEET. LT'S WILL HAVE UNTIL 1600 HOURS ON 5/18/2011 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 / Comments
	235100	HCA - LT	2/W VA:RY- :	SS		
	RL2207	REL LT OPS	2/W VA:RY- :	TF		Mon - 240150 IM-I- PROGRAM A / Tue - 240150 IM-I- PROGRAM A / Wed - CRL201 RL(C.36196 / Thu - RDO / Fri - RDO / Sat - 220131 VISITING / Sun - 220131 VISITING

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.

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SIGNATURE

DATE