

**Notice of Award of Bid
For Employees Represented By
AFSCME, Local 2719**

To:

From:

You have been awarded the position of _____
in the Department of _____,
_____(Bureau/Division/Section).

Beginning on the first work day after you receive this Notice of Award of Bid, you have five (5) work days to accept the position named above in writing. You can do so by signing your name in space #3 below and returning the form before the end of your shift on the fifth working day. Failure to accept the position within five (5) work days shall constitute a rejection of the position, and it will be awarded to another person.

1. I, _____, delivered this Notice
(Name & Title of Person Delivering Notice)
of Award of Bid to _____ on
(Name & Title of Awardee)
_____.
(Date)

2. I, _____, received this Notice of
(Name & Title of Awardee)
Award of Bid on _____. In order to accept this position I must sign and
(Date)
return this form by _____.
(Date)

3. I, _____, hereby accept / decline
(Signature & Title of Awardee) (circle one)
the position of _____, in the Department of
_____, _____,
(Bureau/Division/Section) (Date)

4. I, _____, received / did not receive
(Name & Title of Person Receiving Acceptance/Declination) (circle one)
this acceptance / declination of the above named position from
(circle one)
_____ on _____.
(Name & Title of Awardee) (Date)

White	-	Employee's Copy	
Yellow	-	Personnel and Civil Service Commission's Copy, Room 401	
Pink	-	Department's Copy	P&CSC 5/86
Goldenrod	-	Supervisor's Copy	Rev. 7/92