

SHIFT BIDDING FORM TO BE USED For March 10 to March 24, 2008 Awarded shifts to begin Monday March 31

Name: _____ Date: _____

Social Security Number: _____

Initial date of highest level of licensure: _____

Licensure Level: EMT-B EMT-S EMT-P Other: _____

Date of Hire: _____

Please put shifts in order of preference:

	<u>Shift Number</u>	<u>Station</u>	<u>Days</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Number where you can be reached following the close of this shift bidding process:

Residence: _____ Cell: _____ Pager: _____

E-mail address _____

Other means of contacting you: _____

***Note**

Please review the shifts carefully.

This form must be returned no later than **4:00 p.m. on Monday March 24, 2008**, to Denise Hawks in the Human Resource Department during regular business hours, or fax to (810) 733-1546.