

REBID FORM

SHIFT BID NOTICE NO. _____

CATEGORY SENIORITY _____

page ____ of ____

NAME _____

EMPL NO. _____

List your choices by filling out **ALL** applicable columns in order of preference. When listing the bid location you must use the bid location's full name as listed below. Specify premium positions (Lead, Apprentice Lead, Line Relief Lead, Inspector, Lead Inspector, etc.) in the Bid Location column if applicable. The term "ANY" may be used in the columns if applicable. If more forms are needed to list your choices, number the pages in priority order of your preference.

*If using position numbers only fill in the first column labeled Pos. #. List your choices in order of preference.

Mechanics Bid Locations: Line Service, B/C Check, Shop/Line Relief, Ground Equipment, Ground Equipment Shops, Plant Maintenance, Structures, Structure Support, Line R.O.N., Hangar R.O.N., Composite Shop, Sheet Metal Shop, Engine Shop, APU Shop, Slide Shop, Line Relief, B/C Check/Hangar Visit Support, Receiving Inspection, B/C Check Inspection, Engine Shop Inspection, Line R.O.N./Hangar R.O.N. Inspection, Structures Inspection, Shop Inspection, Shop Relief Inspection, B/C Check/Hangar Visit Support Inspection.

Appearance Bid Locations: Line Service, B/C Check, Shops, Ground Equipment, Structures, Line R.O.N., Exterior/Hangar R.O.N., Carpet Crew, Shop Line Relief, Exterior, B/C Check/Hangar Visit Support

*Pos. #	Station	Bid Location/Premium Position	Days Off	Shift
1.	MDW	Line Service/Lead Mechanic (example only)	TF	EVES
2.	DAL	Structures (example only)	S/S	DAYS
3.	HOU	Shops/Line Relief (example only)	ANY	ANY
4. P100		(example only)		

*Pos. #	Station	Bid Location/Premium Position	Days Off	Shift
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1. Submit your bid to a Manager, Supervisor, or Shop Rep for a signature and date.
2. You must FAX your bid to Maintenance Administration, Bid Analyst, at 214-792-5906, and verify the status indicates "OK" and retain the confirmation receipt with: **STATUS "OK" AND PRINT OF BID FAXED ON RECEIPT.**
BLANK RECEIPT WILL NOT BE ACCEPTED

Employee Signature _____

Mgr., Supv. or Shop Rep Signature & Date _____