

**OAKLAND COUNTY SHERIFF'S OFFICE PATROL SERVICES DIVISION
ANNUAL REQUEST FOR LOCATION/SHIFT PREFERENCE BY SENIORITY**

Please make sure your bump slip is legible and fill in **all** requested information

Name (Print) _____ Rank _____

Seniority Date _____ Last 4 of Social Security # _____

Current work location _____ Current shift _____

LIST CHOICES IN ORDER OF PREFERENCE:

1. LOCATION _____ SHIFT _____

2. LOCATION _____ SHIFT _____

3. LOCATION _____ SHIFT _____

4. LOCATION _____ SHIFT _____

5. LOCATION _____ SHIFT _____

6. LOCATION _____ SHIFT _____

7. LOCATION _____ SHIFT _____

8. LOCATION _____ SHIFT _____

Signature _____ Date _____

Phone Number _____ **PERSONAL** email _____

BUMP EFFECTIVE DATE: SEPTEMBER 25, 2021

Return this slip to Deputy Melissa Garrard at the Independence Substation by inter-departmental mail or by emailing it to OCDSAROADVP434@gmail.com

ON OR BEFORE AUGUST 25, 2021