

DEPARTMENT OF HOMELAND SECURITY
Transportation Security Administration

SHIFT BID PROXY

INSTRUCTIONS: This form must be used by a bargaining unit employee who is unable to attend a shift bid and chooses to designate another employee to proxy bid in his/her place. This form must be completed, signed and turned in to the Scheduling Operations Officer before the employee is scheduled to bid. Your proxy must have a signed Shift Bid Proxy Form and be present at your scheduled bid line you held in the prior shift in accordance with Article 4.D.16.c of the collective bargaining agreement between TSA and the American Federation of Government Employees (CBA).

SECTION I. BARGAINING UNIT EMPLOYEE INFORMATION

Name	<input type="text"/>	Employee ID	<input type="text"/>	Phone Number	<input type="text"/>
Bid Number	<input type="text"/>	Bid Date	<input type="text"/>	Bid Time	<input type="text"/>
Status	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	Position	<input type="text"/>	Certification	<input type="checkbox"/> Passenger <input type="checkbox"/> Baggage <input type="checkbox"/> Dual
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Current Shift Hours Begin	<input type="text"/>	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	End <input type="text"/> <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Current Regular Day Off Pattern	<input type="text"/>			Current Duty Location	<input type="text"/>

SECTION II. PROXY INFORMATION

Part A. Request and Acknowledgement

In my absence, I authorize to be my proxy for the shift date and time noted above. I understand that I will be assigned a shift bid line based on the selection by my proxy. I further understand that if my proxy fails to appear at my assigned shift bid time, I will be assigned a shift line in accordance with Article 4.D.16.c of the CBA.

Proxy Printed Name	<input type="text"/>	Date	<input type="text"/>
Proxy Signature	<input type="text"/>	Date	<input type="text"/>
Employee Printed Name	<input type="text"/>	Date	<input type="text"/>
Employee Signature	<input type="text"/>	Date	<input type="text"/>
Comments	<input type="text"/>		

Part B. Approving Officials

Scheduling Officer or Designee Printed Name	<input type="text"/>	Date	<input type="text"/>
Scheduling Officer or Designee Signature	<input type="text"/>	Date	<input type="text"/>
Awarded Bid Line	<input type="text"/>	Date	<input type="text"/>

PRIVACY ACT STATEMENT: **AUTHORITY:** 49 U.S.C. § 114 (n). **PRINCIPAL PURPOSE(S):** This information will be used to submit your schedule preferences via proxy during the annual shift bid required by the CBA. **ROUTINE USE(S):** This information may be shared in response to a request for discovery or for appearance of a witness, information that is relevant to the subject matter involved in a pending judicial or administrative proceeding, or for routine uses identified in the Office of Personnel Management's system of records, OPM/GOVT-1 General Personnel Records. **DISCLOSURE:** Voluntary; failure to furnish the requested information may result in an inability to approve a shift bid and/or shift bid proxy designation.