

BEAR RIVER HEAD START EMPLOYMENT REQUISITION

Coordinators and Supervisors: Have form completed and signed before action is requested.

<p><i>If you have any questions regarding the information on this Employment Requisition or hiring procedures of Bear River Head Start, please contact our representative:</i></p> <p>Kris Bersonnet Phone: 755-0081 FAX: 755-0125</p>	<p>Date of Request: <u>1-13-16</u> Action Requested by: <u>Katie Adams</u></p> <p>POSITION REQUESTED: <u>Family Advocate</u></p> <p>Check Program: <input type="checkbox"/> Early Head Start <input type="checkbox"/> Preschool Head Start</p> <p>Focus Area: _____ Center Location: _____</p>
<p>Status:</p> <p><input checked="" type="checkbox"/> Regular (No. Hrs. Day <u>8</u>) <input type="checkbox"/> 9 ½ Month Position <input checked="" type="checkbox"/> Hours Variable</p> <p><input type="checkbox"/> Part Time (No. Hrs. Week _____) <input checked="" type="checkbox"/> 12 Month Position <input type="checkbox"/> Hours Fixed</p> <p><input type="checkbox"/> Temporary (Period _____ to _____)</p>	
<p>Benefits after one year's employment:</p> <p><input checked="" type="checkbox"/> SEP Retirement Plan</p> <p><input checked="" type="checkbox"/> Vacation</p>	<p>Benefits:</p> <p><input checked="" type="checkbox"/> Medical Insurance</p> <p><input checked="" type="checkbox"/> Personal Leave</p> <p><input checked="" type="checkbox"/> 403B Retirement Plan</p>
<p>Desired Hire Date: <u>Feb 18, 2016</u></p>	
<p>Rate of Pay: \$ <u>2131.00</u> (Circle) Hour / Pay Period / <u>Month</u> Grade: <u>20</u> Step <u>4</u></p>	
<p>Special Needs: <u>Degree in ECED or other Social Services.</u> <u>Spanish Speaking preferred.</u></p>	

ECP
CC

OPENING DATE: 1-15-16
(Allow 2 days after completion for opening date.)

CLOSING DATE: 1-29-16
(Allow 10 working days from opening to closing.)

APPROVED BY: (Signatures authorize expense of advertising this position in newspapers and placing ad with local employment agencies.)

Kris Bersonnet
Coordinator

Verbal approval
Program Director (verbal confirmation)

[Signature]
Fiscal Office

Distribution of completed form:

- _____ PHS Receptionist
- _____ EHS Receptionist
- _____ PHS Secretary
- _____ Fiscal Assistant/Fiscal Officer

- _____ Parent Involvement Specialist - EHS
- _____ Parent Involvement Specialist - PHS
- _____ Coordinator/Supervisor Requesting Action
- _____ Hiring File for Position