

# 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><b>Diane Midkiff</b>          Phone: 755-0081, ext. 242          FAX: 755-0125</p>	<p>Date of Request: <u>11-21-16</u> Action Requested by: <u>[Signature]</u></p> <p>POSITION REQUESTED: <u>ECP- EHS -EXP Centerbased Speechist</u></p> <p>Check Program: <input checked="" type="checkbox"/> Early Head Start <input type="checkbox"/> Preschool Head Start</p> <p>Focus Area: <u>CB</u> Center Location: <u>Coche</u></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 <u>        </u>) <input checked="" type="checkbox"/> 12 Month Position <input type="checkbox"/> Hours Fixed</p> <p><input type="checkbox"/> Temporary (Period <u>        </u> to <u>        </u>)</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:</p> <p><u>12-15-16</u></p>
<p>Rate of Pay: <u>2446.00</u> (Circle) Hour / Pay Period / Month <u>Month</u> Grade: <u>21</u> Step <u>6</u></p>		
<p>Special Needs: <u>must submit transcripts w/ application</u></p>		

OPENING DATE: 11-28-16 (Allow 2 days after completion for opening date.) CLOSING DATE: 12-9-16 (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.)

[Signature] Coordinator      [Signature] Program Director (verbal confirmation)      [Signature] Fiscal Office

- Distribution of completed form:
- |  |   |
|--|---|
| <input type="checkbox"/> PHS Receptionist                | <input type="checkbox"/> Parent Involvement Specialist - EHS      |
| <input type="checkbox"/> EHS Receptionist                | <input type="checkbox"/> Parent Involvement Specialist - PHS      |
| <input type="checkbox"/> PHS Secretary                   | <input type="checkbox"/> Coordinator/Supervisor Requesting Action |
| <input type="checkbox"/> Fiscal Assistant/Fiscal Officer | <input type="checkbox"/> Hiring File for Position                 |