

## 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><i>Kris Bersonnet</i>                  Phone: 755-0081                  FAX: 755-0125</p>	Date of Request: <u>1-4-16</u> Action Requested by: <u>Renee Torbenson</u> POSITION REQUESTED: <u>EHS Family Educator -</u> <u>Carribou / Bear Lake</u> Check Program: <input checked="" type="checkbox"/> Early Head Start <input type="checkbox"/> Preschool Head Start Focus Area: _____ Center Location: _____	
Status: <input checked="" type="checkbox"/> Regular (No. Hrs. Day _____) <input type="checkbox"/> 9 1/2 Month Position <input checked="" type="checkbox"/> Hours Variable <input type="checkbox"/> Part Time (No. Hrs. Week _____) <input checked="" type="checkbox"/> 12 Month Position <input type="checkbox"/> Hours Fixed <input type="checkbox"/> Temporary (Period _____ to _____)		
Benefits after one year's employment: <input checked="" type="checkbox"/> SEP Retirement Plan <input checked="" type="checkbox"/> Vacation	Benefits: <input checked="" type="checkbox"/> Medical Insurance <input checked="" type="checkbox"/> Personal Leave <input checked="" type="checkbox"/> 403B Retirement Plan	Desired Hire Date: <u>2-10-16</u>
Rate of Pay: \$ <u>2131.00</u> (Circle) Hour / Pay Period <u>Month</u> Grade: <u>20</u> Step <u>4</u>		
Special Needs: <u>Spanish speaking preferred</u>		

OPENING DATE: using agency interim hire CLOSING DATE: ongoing until position is filled  
(Allow 2 days after completion for opening date.) (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.)

Renee Torbenson Coordinator     
 pre-approved 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                 |