

## 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>Kris Bersonnet</b> Phone: 755-0081 FAX: 755-0125</p>	<p>Date of Request: <u>3/29/17</u> Action Requested by: <u>Denise Webb</u></p> <p>POSITION REQUESTED: <u>Family Development Assistant</u></p> <p>Check Program: <input checked="" type="checkbox"/> Early Head Start <input checked="" type="checkbox"/> Preschool Head Start</p> <p>Focus Area: <u>Family</u> Center Location: _____</p>
<p>Status:</p> <p><input checked="" type="checkbox"/> Regular (No. Hrs. Day _____) <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>4/21/17</u></p>	
<p>Rate of Pay: \$ <u>11.62</u> (Circle) Hour / Pay Period / Month Grade: <u>20</u> Step <u>1</u></p>	
<p>Special Needs: <u>Degree in Human service related field preferred</u> <u>Spanish Speaking preferred</u></p>	

OPENING DATE: 3/29/17 (Allow 2 days after completion for opening date.) CLOSING DATE: 4/10/17 (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.)

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

Distribution of completed form:

_____ PHS Receptionist	_____ Parent Involvement Specialist - EHS
_____ EHS Receptionist	_____ Parent Involvement Specialist - PHS
_____ PHS Secretary	_____ Coordinator/Supervisor Requesting Action
_____ Fiscal Assistant/Fiscal Officer	_____ Hiring File for Position