

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>1/9/17</u> Action Requested by: <u>Terrah Smith</u></p> <p>POSITION REQUESTED: <u>EHS Family Advocate</u></p> <p>Check Program: <input checked="" type="checkbox"/> Early Head Start <input type="checkbox"/> Preschool Head Start</p> <p>Focus Area: <u>Family</u> Center Location: <u>Box Elder / Cache</u></p>
<p>Status:</p> <p><input checked="" type="checkbox"/> Regular (No. Hrs. Day <u>9</u>) <input type="checkbox"/> 9 1/2 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: <u>2/2/17</u></p>	
<p>Rate of Pay: \$ <u>2169.00</u> (Circle) Hour / Pay Period / <u>(Month)</u> Grade: <u>20</u> Step <u>4</u></p>	
<p>Special Needs: <u>Degree in human service related field preferred</u> <u>Spanish Speaking preferred</u></p>	

OPENING DATE: 1/9/17 (Allow 2 days after completion for opening date.) CLOSING DATE: 1/20/17 (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 Cunto Coordinator
 verbal approval 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 |