

# 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>  <i>Phone: 755-0081 ext. 242</i>  <i>FAX: 755-0125</i></p>	<p>Date of Request: <u>6/16</u> Action Requested by: <u>Kristy Useche</u></p> <p>POSITION REQUESTED: <u>Cache Teacher (4)</u></p> <p>Check Program: <u>Early Head Start</u> <input checked="" type="checkbox"/> <u>Preschool Head Start</u> <input type="checkbox"/></p> <p>Focus Area: <u>CB</u> Center Location: <u>Cache</u></p>	
<p>Status:</p> <p><input checked="" type="checkbox"/> Regular (No. Hrs. Day <u>8</u>) <input checked="" type="checkbox"/> 9 1/2 Month Position <input type="checkbox"/> Hours Variable</p> <p><input type="checkbox"/> Part Time (No. Hrs. Week <u>        </u>) <input type="checkbox"/> 12 Month Position <input checked="" 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 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>8/7/15</u></p>
<p>Rate of Pay: \$ <u>22.10</u> (Circle) Hour / Pay Period / Month Grade: <u>21</u> Step: <u>2</u></p>		
<p>Special Needs: <u>Spanish speaking preferred</u></p>		

OPENING DATE: 6/18/2015 CLOSING DATE: 7/01/2015  
(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.)

K Useche  
Coordinator

pre-approved  
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