

# 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>7-15-15</u> Action Requested by: <u>Rebecca Torbenson</u></p> <p>POSITION REQUESTED: <u>EHS Child Dev. General Sub (Permanent)</u></p> <p>Check Program: <input checked="" type="checkbox"/> Early Head Start <input type="checkbox"/> Preschool Head Start</p> <p>Focus Area: _____ Center Location: _____</p>		
<p>Status:</p> <p><input checked="" type="checkbox"/> Regular (No. Hrs. Day _____) <input type="checkbox"/> 9 1/2 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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> <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> </td> <td style="width: 40%; padding: 5px;"> <p>Desired Hire Date:</p> <p><u>8-20-15</u></p> </td> </tr> </table>	<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>8-20-15</u></p>
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<p>Rate of Pay: \$ <u>11.41</u> (Circle) <u>Hour</u> / Pay Period / Month Grade: <u>20</u> Step <u>1</u></p>			
<p>Special Needs:</p> <p>_____</p> <p>_____</p>			

OPENING DATE: 7-28-15 MA (Allow 2 days after completion for opening date.) CLOSING DATE: 8-10-15 (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.)

Rebecca Torbenson  
Coordinator

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