



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>Diane Midkiff <i>Phone:</i> 755-0081, ext. 242 <i>FAX:</i> 755-0125</p>	<p>Date of Request: <u>8/11/15</u> Action Requested by: <u>Stephanie Wood</u></p> <p>POSITION REQUESTED: <u>Family Advocate</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>Malad/Box Elder</u> Center Location: _____</p>
<p>Status:</p> <p><input checked="" type="checkbox"/> Regular (No. Hrs. Day <u>8</u>) <input checked="" type="checkbox"/> 9 ½ Month Position <input checked="" type="checkbox"/> Hours Variable</p> <p><input type="checkbox"/> Part Time (No. Hrs. Week _____) <input 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 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>9-18-15</u></p>
<p>Rate of Pay: \$ <u>21.31¹⁰</u> (Circle) Hour / Pay Period / <u>Month</u> Grade: <u>20</u> Step <u>4</u></p>	
<p>Special Needs: <u>Preference give to Bilingual Spanish/English</u></p> <p><u>Preference given to degree in Social Service field</u></p>	

OPENING DATE: 8/17/15 (Allow 2 days after completion for opening date.)
 CLOSING DATE: 8/28/15 (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.)

 _____ Coordinator	<u>approved</u> _____ Program Director (verbal confirmation)	 _____ Fiscal Office
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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