

# 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>4/6/17</u> Action Requested by: <u>Krista Useche</u></p> <p>POSITION REQUESTED: <u>Cache Teacher (3)</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>Center Based</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 ½ 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>	<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>8/14/17</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>8/14/17</u></p>
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<p>Rate of Pay: \$ <u>2434</u> (Circle) Hour / Pay Period / Month <u>        </u> Grade: <u>21</u> Step <u>5</u></p>			
<p>Special Needs:</p> <p>_____</p> <p>_____</p> <p>_____</p>			

OPENING DATE: 6/22/17  
(Allow 2 days after completion for opening date.)

CLOSING DATE: 7/6/17  
(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.)*

Krista Useche  
 Coordinator

email approval  
 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