

**BEAR RIVER HEAD START
EMPLOYMENT REQUISITION**

Coordinators and Supervisors: Have form completed and signed before action is requested.

<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> Diane Midkiff Phone: 755-0081, ext. 242 FAX: 755-0125	<p>Date of Request: <u>1/3/17</u> Action Requested by: <u>Krista Useche</u></p> <p>POSITION REQUESTED: <u>Child Development Assistant</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>6.5</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>	<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>1/20/17</u></p>
<p>Rate of Pay: \$ <u>11.62</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> <p>_____</p>		

OPENING DATE: 1/4/17 (Allow 2 days after completion for opening date.) CLOSING DATE: 1/13/17 (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.)

K. Useche Coordinator verbal approval Program Director (verbal confirmation) Diane J. [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