

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 Phone: 755-0081, ext. 242 FAX: 755-0125</p>	<p>Date of Request: <u>8-31-15</u> Action Requested by: <u>Renae Torbenson</u></p> <p>POSITION REQUESTED: <u>EHS Infant Toddler Teacher</u></p> <p>Check Program: <input checked="" type="checkbox"/> Early Head Start <input type="checkbox"/> Preschool Head Start</p> <p>Focus Area: <u>CB</u> Center Location: <u>NEST/Kool</u></p>	
<p>Status:</p> <p><input checked="" type="checkbox"/> Regular (No. Hrs. Day <u> </u>) <u> </u> 9 ½ Month Position <u> </u> Hours Variable</p> <p><u> </u> Part Time (No. Hrs. Week <u> </u>) <u> </u> <input checked="" type="checkbox"/> 12 Month Position <u> </u> <input checked="" type="checkbox"/> Hours Fixed</p> <p><u> </u> 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 checked="" 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>9-17-15</u></p>
<p>Rate of Pay: \$ <u>2391</u> (Circle) Hour / Pay Period <u>Month</u> Grade: <u>21</u> Step <u>5</u></p>		
<p>Special Needs: <u>BS in Early Childhood Education, FCHO w/ early childhood emphasis or minimum age appropriate center-based CDA</u></p>		

OPENING DATE: 9-1-15 (Allow 2 days after completion for opening date.) CLOSING DATE: ongoing (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.)

Renae Torbenson Coordinator
 pre-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