



BEAR RIVER HEAD START EMPLOYMENT REQUISITION

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

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| <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>10/26/15</u> Action Requested by: <u>Diane Midkiff</u></p> <p>POSITION REQUESTED: <u>Program Receptionist / ECP-CCC ERSEA assistant</u></p> <p>Check Program: <input type="checkbox"/> Early Head Start <input type="checkbox"/> Preschool Head Start</p> <p>Focus Area: <u>Admin / ECP</u> Center Location: _____</p> | |
| <p>Status:</p> <p><input checked="" type="checkbox"/> Regular (No. Hrs. Day <u>8</u>) <input type="checkbox"/> 9 1/2 Month Position <input type="checkbox"/> Hours Variable</p> <p><input type="checkbox"/> Part Time (No. Hrs. Week _____) <input checked="" type="checkbox"/> 12 Month Position <input checked="" 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> | <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>11/30/2015</u></p> |
| <p>Rate of Pay: \$ <u>9.49</u> (Circle) Hour / Pay Period / Month Grade: <u>4</u> Step <u>4</u></p> | | |
| <p>Special Needs: <u>Spanish speaking, required</u></p> | | |

OPENING DATE: 10/27/2015 CLOSING DATE: 11/09/2015
(Allow 2 days after completion for opening date.) (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.)

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|  _____ Coordinator | <u>verbal approval</u> _____ Program Director (verbal confirmation) |  _____ Fiscal Office |
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Distribution of completed form:

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| _____ 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 |
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