

Interim - Hire

## BEAR RIVER HEAD START EMPLOYMENT REQUISITION

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

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| <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><br><br><b>Kris Bersonnet</b><br>Phone: 755-0081<br>FAX: 755-0125   | Date of Request: <u>9.15.2015</u> Action Requested by: <u>Kami Christensen</u>  |
|  | POSITION REQUESTED: <u>EHS-CCP Substitute x 2</u>   |
| Check Program: <input checked="" type="checkbox"/> Early Head Start <input type="checkbox"/> Preschool Head Start  | Focus Area: _____ Center Location: _____  |
| <b>Status:</b><br><input checked="" type="checkbox"/> Regular (No. Hrs. Day <u>8</u> ) _____ 9 ½ Month Position <input checked="" type="checkbox"/> Hours Variable<br>_____ Part Time (No. Hrs. Week _____) <input checked="" type="checkbox"/> 12 Month Position _____ Hours Fixed<br>_____ Temporary (Period _____ to _____) |   |
| Benefits after one year's employment:<br><input checked="" type="checkbox"/> SEP Retirement Plan<br><input checked="" type="checkbox"/> Vacation   | Benefits:<br><input checked="" type="checkbox"/> Medical Insurance<br><input checked="" type="checkbox"/> Personal Leave<br><input checked="" type="checkbox"/> 403B Retirement Plan<br><br>Desired Hire Date:<br><u>10.12.2015</u> |
| Rate of Pay: \$ <u>11.41</u> (Circle) <u>Hour</u> / Pay Period / Month   | Grade: <u>20</u> Step <u>1</u>  |
| Special Needs: <u>Ability to work independently. BS degree in Early Childhood, ECHD or related field preferred. Infant/Toddler CDA (or comparable) acquired w/in 18 mon. of hire.</u>  |   |

OPENING DATE: 9.22.2015  
(Allow 2 days after completion for opening date.)

CLOSING DATE: 10.5.2015  
(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.)

Kami Christensen email approval  
Coordinator 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