



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 <i>Phone: 755-0081, ext. 242</i> <i>FAX: 755-0125</i></p>	<p>Date of Request: <u>9-9-15</u> Action Requested by: <u>Rena Torrens</u></p> <p>POSITION REQUESTED: <u>EHS Child Dev. bereave substitute</u></p> <p>Check Program: <input checked="" type="checkbox"/> Early Head Start <input type="checkbox"/> Preschool Head Start</p> <p>Focus Area: <u>EHS</u> Center Location: _____</p>	
<p>Status:</p> <p><input checked="" type="checkbox"/> Regular (No. Hrs. Day _____) <input type="checkbox"/> 9 ½ Month Position <input checked="" type="checkbox"/> Hours Variable</p> <p><input type="checkbox"/> Part Time (No. Hrs. Week _____) <input checked="" type="checkbox"/> 12 Month Position <input 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>open until filled</u></p>
<p>Rate of Pay: \$ <u>11.41</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: 9-10-15 (Allow 2 days after completion for opening date.) CLOSING DATE: open until filled (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.)

 _____ Coordinator	<u>email approval</u> _____ Program Director (verbal confirmation)	 _____ Fiscal Office
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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