

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>6/16/15</u> Action Requested by: <u>Daleen T.</u></p> <p>POSITION REQUESTED: <u>Family Advocate</u></p> <p>Check Program: <u>Early Head Start</u> <input checked="" type="checkbox"/> <u>Preschool Head Start</u></p> <p>Focus Area: <u>Family Dev.</u> Center Location: <u>Malad & Box E</u></p>
<p>Status:</p> <p><input checked="" type="checkbox"/> Regular (No. Hrs. Day <u>8</u>) <input checked="" type="checkbox"/> 9 1/2 Month Position <input checked="" type="checkbox"/> Hours Variable</p> <p><input type="checkbox"/> Part Time (No. Hrs. Week <u> </u>) <input type="checkbox"/> 12 Month Position <input 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: <u>Aug. 7, 2015</u></p>
<p>Rate of Pay: \$ <u>21.31⁰⁰</u> (Circle) Hour / Pay Period / <u>Month</u> Grade: <u>20</u> Step <u>4</u></p>	
<p>Special Needs: <u>Spanish Speaking Preferred Degree in Social Service field preferred.</u></p>	

OPENING DATE: 6/25/15 (1ST) (Allow 2 days after completion for opening date.)
 CLOSING DATE: 7/9/2015 (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.)

Daleen T. Johnson email approval Coordinator
[Signature] verbal confirmation Program Director
[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