

# 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><b>Diane Midkiff</b>  <i>Phone:</i> 755-0081, ext. 242  <i>FAX:</i> 755-0125</p>	<p>Date of Request: <u>2/20/18</u> Action Requested by: <u>Carmina Diaz</u></p> <p>POSITION REQUESTED: <u>Family Advocate PHS</u></p> <p>Check Program: <input type="checkbox"/> Early Head Start <input checked="" type="checkbox"/> Preschool Head Start</p> <p>Focus Area: <u>Family</u> Center Location: <u>Cache</u></p>	
<p>Status:</p> <p><input checked="" type="checkbox"/> Regular (No. Hrs. Day <u>      </u>) <input type="checkbox"/> 9 ½ Month Position <input checked="" type="checkbox"/> Hours Variable</p> <p><input type="checkbox"/> Part Time (No. Hrs. Week <u>      </u>) <input checked="" 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 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>3/9/18</u></p>
<p>Rate of Pay: \$ <u>2302</u> (Circle) Hour / Pay Period / <u>Month</u> Grade: <u>20</u> Step <u>6</u></p>		
<p>Special Needs:</p> <p><u>Degree in Human Service related field preferred</u></p> <p><u>Spanish Speaking preferred</u></p>		

OPENING DATE: 2/21/18 (Allow 2 days after completion for opening date.) CLOSING DATE: 3/2/18 (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.)

Kristen Cuth  
Coordinator

approved  
Program Director (verbal confirmation)

Angie Dwyer  
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