

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>9/21/17</u> Action Requested by: <u>Krista Useche</u></p> <p>POSITION REQUESTED: <u>PHS Child Development Assistant</u></p> <p>Check Program: <u>Early Head Start</u> <input checked="" type="checkbox"/> <u>Preschool Head Start</u></p> <p>Focus Area: <u>Center Based</u> Center Location: <u>Cache Box Elder</u></p>
<p>Status:</p> <p><input checked="" type="checkbox"/> Regular (No. Hrs. Day <u>6.5</u>) <input checked="" type="checkbox"/> 9 1/2 Month Position <input type="checkbox"/> Hours Variable</p> <p><input type="checkbox"/> Part Time (No. Hrs. Week <u> </u>) <input type="checkbox"/> 12 Month Position <input checked="" 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>10/13/17</u></p>
<p>Rate of Pay: \$ <u>13.50</u> (Circle) <u>Hour</u> / Pay Period / Month Grade: <u>21</u> Step <u>3</u></p>	
<p>Special Needs:</p> <p>_____</p> <p>_____</p> <p>_____</p>	

OPENING DATE: 9/22/17 (Allow 2 days after completion for opening date.) CLOSING DATE: 10/5/17 (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.)

<u>K. Useche</u> Coordinator	<u>Verbal approval</u> Program Director (verbal confirmation)	<u>[Signature]</u> Fiscal Office
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Distribution of completed form:

<input type="checkbox"/> PHS Receptionist <input type="checkbox"/> EHS Receptionist <input type="checkbox"/> PHS Secretary <input type="checkbox"/> Fiscal Assistant/Fiscal Officer	<input type="checkbox"/> Parent Involvement Specialist - EHS <input type="checkbox"/> Parent Involvement Specialist - PHS <input type="checkbox"/> Coordinator/Supervisor Requesting Action <input type="checkbox"/> Hiring File for Position
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