

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>6/21/16</u> Action Requested by: <u>Krista Useeche</u></p> <p>POSITION REQUESTED: <u>Cache TA</u></p> <p>Check Program: <u>Early Head Start</u> <input checked="" type="checkbox"/> <u>Preschool Head Start</u> <input type="checkbox"/></p> <p>Focus Area: <u>Center Based</u> Center Location: <u>Cache</u></p>	
<p>Status:</p> <p><input checked="" type="checkbox"/> Regular (No. Hrs. Day <u>8</u>) <input checked="" type="checkbox"/> 9 ½ 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:</p> <p><u>8/15/16</u></p>
<p>Rate of Pay: \$ <u>9.82</u> (Circle) Hour / Pay Period / Month Grade: <u>3</u> Step <u>7</u></p>		
<p>Special Needs: <u>Spanish speaking required</u></p>		

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

Krista Useeche Sandra Thompson [Signature]
 Coordinator Program Director (verbal confirmation) Fiscal Office

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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