

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:</i> 755-0081, ext. 242 <i>FAX:</i> 755-0125</p>	<p>Date of Request: <u>6-14-17</u> Action Requested by: <u>Renee Torbenon</u></p> <p>POSITION REQUESTED: <u>Early Head Start Family Educator</u></p> <p>Check Program: <input checked="" type="checkbox"/> Early Head Start <input type="checkbox"/> Preschool Head Start</p> <p>Focus Area: <u>Homebased</u> Center Location: _____</p>
<p>Status:</p> <p><input checked="" type="checkbox"/> Regular (No. Hrs. Day <u>8</u>) <input type="checkbox"/> 9 1/2 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: <u>7-20-17</u></p>	
<p>Rate of Pay: \$ <u>21.69</u> (Circle) Hour / Pay Period / <u>Month</u> Grade: <u>20</u> Step <u>4</u></p>	
<p>Special Needs: <u>Bilingual English / Spanish speaking preferred. Candidates must submit transcripts & resume w/ application.</u></p>	

OPENING DATE: 6-19-17
(Allow 2 days after completion for opening date.)

CLOSING DATE: 9-12-17
(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.)*

Renee Torbenon
 Coordinator

email approval
 Program Director (verbal confirmation)

[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