

# 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>2/13/18</u> Action Requested by: <u>Krista Useche</u></p> <p>POSITION REQUESTED: <u>Paris Teacher</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>Paris, ID</u></p>	
<p>Status:</p> <p><input checked="" type="checkbox"/> Regular (No. Hrs. Day <u>8</u>) <u>9 1/2</u> Month Position <u>Hours Variable</u></p> <p><u>Part Time</u> (No. Hrs. Week <u>      </u>) <input checked="" type="checkbox"/> 12 Month Position <input checked="" type="checkbox"/> <u>Hours Fixed</u></p> <p><u>Temporary</u> (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>3/16/18</u></p>
<p>Rate of Pay: \$ <u>2459</u> (Circle) Hour / Pay Period / Month <u>      </u> Grade: <u>21</u> Step <u>5</u></p>		
<p>Special Needs:</p> <p>_____</p> <p>_____</p> <p>_____</p>		

OPENING DATE: 2/15/18 (Allow 2 days after completion for opening date.) CLOSING DATE: open until filled (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.)

K Useche Coordinator     
 pre-approved Program Director (verbal confirmation)     
 K R Simp Fiscal Office

Distribution of completed form:

_____ PHS Receptionist	_____ Parent Involvement Specialist - EHS
_____ EHS Receptionist	_____ Parent Involvement Specialist - PHS
_____ PHS Secretary	_____ Coordinator/Supervisor Requesting Action
_____ Fiscal Assistant/Fiscal Officer	_____ Hiring File for Position