

BEAR RIVER HEAD START EMPLOYMENT REQUISITION


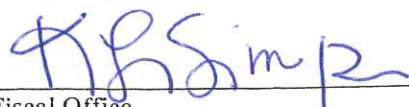
Coordinators and Supervisors: Have form completed and signed before action is requested.

<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>2/13/18</u> Action Requested by: <u>Krista Useche</u></p> <p>POSITION REQUESTED: <u>EHS Infant/Toddler Teacher</u></p> <p>Check Program: <input checked="" type="checkbox"/> Early Head Start <input type="checkbox"/> Preschool Head Start</p> <p>Focus Area: <u>Center Based</u> Center Location: <u>Logan</u></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 type="checkbox"/> Hours Variable</p> <p><input type="checkbox"/> Part Time (No. Hrs. Week <u> </u>) <input checked="" 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 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>2340</u> (Circle) Hour / Pay Period <u>Month</u> Grade: <u>21</u> Step <u>3</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: 2/28/18 (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.)

 Coordinator	<u>pre-approved</u> Program Director (verbal confirmation)	 Fiscal Office
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Distribution of completed form:

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