

BEAR RIVER HEAD START EMPLOYMENT REQUISITION

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

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| <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>9/8/17</u> Action Requested by: <u>Krista Useche</u></p> <p>POSITION REQUESTED: <u>PHS Food Manager / Disabilities Assistant</u></p> <p>Check Program: <u>Early Head Start</u> <input checked="" type="checkbox"/> <u>Disabilities Assistant</u> <input type="checkbox"/> Preschool Head Start <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: <u>9/22/17</u></p> | |
| <p>Rate of Pay: \$ <u>10.77</u> (Circle) <u>Hour</u> Pay Period / Month Grade: <u>4</u> Step <u>8</u></p> | |
| <p>Special Needs:</p> <p>_____</p> <p>_____</p> <p>_____</p> | |

OPENING DATE: 9/8/17 (Allow 2 days after completion for opening date.) CLOSING DATE: 9/18/17 (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.)

K Useche Coordinator
approved Program Director (verbal confirmation)
D Useche Fiscal Office

Distribution of completed form:

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