

## 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>          Phone: 755-0081, ext. 242          FAX: 755-0125</p>	Date of Request: <u>2-20-2018</u> Action Requested by: <u>Kami Christensen</u> POSITION REQUESTED: <u>EHS/PHS Idaho Health Assistant</u> Check Program: <input checked="" type="checkbox"/> Early Head Start <input checked="" type="checkbox"/> Preschool Head Start Focus Area: <u>Health &amp; Wellness</u> Center Location: <u>Idaho</u>
<b>Status:</b> <input checked="" type="checkbox"/> Regular (No. Hrs. Day <u>8</u> ) <input type="checkbox"/> 9 1/4 Month Position <input checked="" type="checkbox"/> Hours Variable <input type="checkbox"/> Part Time (No. Hrs. Week <u>    </u> ) <input checked="" type="checkbox"/> 12 Month Position <input checked="" type="checkbox"/> Hours Fixed <input type="checkbox"/> Temporary (Period <u>    </u> to <u>    </u> )	
<b>Benefits after one year's employment:</b> <input checked="" type="checkbox"/> SEP Retirement Plan <input checked="" type="checkbox"/> Vacation	<b>Benefits:</b> <input checked="" type="checkbox"/> Medical Insurance <input checked="" type="checkbox"/> Personal Leave <input checked="" type="checkbox"/> 403B Retirement Plan
Rate of Pay: \$ <u>13.29</u> (Circle) <u>Hour</u> / Pay Period / Month      Grade: <u>20</u> Step: <u>6</u> Desired Hire Date: <u>3-15-18</u>	
<b>Special Needs:</b> <u>Employee will be responsible for health services in Idaho service areas.</u>	

OPENING DATE: 2-23-2018 (Allow 2 days after completion for opening date.)     
 CLOSING DATE: 3-9-2018 (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.)  
Kami Christensen Coordinator     
 email approval Program Director (verbal confirmation)     
 [Signature] 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