

# 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>	<p>Date of Request: <u>9/5/18</u> Action Requested by: <u>Steph Wood</u></p> <p>POSITION REQUESTED: <u>EHS Infant/Toddler Child Development Assistant</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>The Pond</u></p>
<p>Status:</p> <p><input checked="" type="checkbox"/> Regular (No. Hrs. Day <u>10</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: <u>9/18/18</u></p>
<p>Rate of Pay: \$ <u>10.36</u> (Circle) <u>0</u> Hour / Pay Period / Month Grade: <u>3</u> Step <u>7</u></p>	
<p>Special Needs:</p> <p>_____</p> <p>_____</p> <p>_____</p>	

OPENING DATE: 9/5/18  
(Allow 2 days after completion for opening date.)

CLOSING DATE: 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.)

[Signature]  
 Coordinator

approved  
 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