

**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 Phone: 755-0081, ext. 242 FAX: 755-0125</p>	<p>Date of Request: <u>9/21/17</u> Action Requested by: <u>Krista Useche</u></p> <p>POSITION REQUESTED: <u>EHS Center Based Assistant</u></p> <p>Check Program: <input checked="" type="checkbox"/> Early Head Start <input type="checkbox"/> Preschool Head Start</p> <p>Focus Area: _____ Center Location: <u>Logan</u></p>									
<p>Status:</p> <table style="width: 100%;"><tr><td><input checked="" type="checkbox"/> Regular (No. Hrs. Day <u>6</u>)</td><td><input type="checkbox"/> 9 ½ Month Position</td><td><input type="checkbox"/> Hours Variable</td></tr><tr><td><input type="checkbox"/> Part Time (No. Hrs. Week _____)</td><td><input checked="" type="checkbox"/> 12 Month Position</td><td><input checked="" type="checkbox"/> Hours Fixed</td></tr><tr><td colspan="3"><input type="checkbox"/> Temporary (Period _____ to _____)</td></tr></table>		<input checked="" type="checkbox"/> Regular (No. Hrs. Day <u>6</u>)	<input type="checkbox"/> 9 ½ Month Position	<input type="checkbox"/> Hours Variable	<input type="checkbox"/> Part Time (No. Hrs. Week _____)	<input checked="" type="checkbox"/> 12 Month Position	<input checked="" type="checkbox"/> Hours Fixed	<input type="checkbox"/> Temporary (Period _____ to _____)		
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<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>10/13/17</u></p>								
<p>Rate of Pay: \$ <u>12.00</u> (Circle) <u>Hour</u> Pay Period / Month</p> <p>Grade: <u>3</u> Step <u>14</u></p>										
<p>Special Needs: <u>works from 3-9 pm</u></p>										

OPENING DATE: 9/22/17 (Allow 2 days after completion for opening date.)

CLOSING DATE: 10/5/17 (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

verbal approval
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