

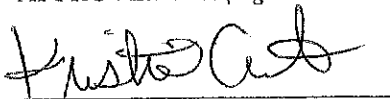
BEAR RIVER HEAD START EMPLOYMENT REQUISITION

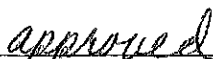
Coordinators and Supervisors: Have form completed and signed before action is requested.


<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: 755-0081, ext. 242</i> <i>FAX: 755-0125</i></p>	<p>Date of Request: <u>6/1/18</u> Action Requested by: <u>Terrah Smith</u></p> <p>POSITION REQUESTED: <u>EHS Cache/Idaho PA</u></p> <p>Check Program: <input checked="" type="checkbox"/> Early Head Start <input type="checkbox"/> Preschool Head Start</p> <p>Focus Area: <u>Family Dev.</u> Center Location: _____</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 checked="" type="checkbox"/> Hours Variable</p> <p><input type="checkbox"/> Part Time (No. Hrs. Week _____) <input checked="" type="checkbox"/> 12 Month Position <input type="checkbox"/> Hours Fixed</p> <p><input type="checkbox"/> Temporary (Period _____ to _____)</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>6/22/18</u></p>
<p>Rate of Pay: \$ <u>2302</u> (Circle) Hour / Pay Period <u>(Month)</u> Grade: <u>20</u> Step <u>6</u></p>		
<p>Special Needs:</p> <p><u>Spanish Speaking preferred</u></p> <p><u>Human service related degree preferred</u></p>		

OPENING DATE: 6/1/18 (Allow 2 days after completion for opening date.) CLOSING DATE: 6/14/18 (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


Program Director (verbal confirmation)


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