

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>7/2/18</u> Action Requested by: <u>Steph Wal</u></p> <p>POSITION REQUESTED: <u>Richmond Food Delivery Assistant</u></p> <p>Check Program: <input type="checkbox"/> Early Head Start <input checked="" type="checkbox"/> Preschool Head Start</p> <p>Focus Area: <u>Center Based</u> Center Location: <u>Richmond</u></p>									
<p>Status:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Regular (No. Hrs. Day <u> </u>)</td> <td><input checked="" type="checkbox"/> 9 1/2 Month Position</td> <td><input type="checkbox"/> Hours Variable</td> </tr> <tr> <td><input checked="" type="checkbox"/> Part Time (No. Hrs. Week <u>10</u>)</td> <td><input type="checkbox"/> 12 Month Position</td> <td><input checked="" type="checkbox"/> Hours Fixed</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Temporary (Period <u> </u> to <u> </u>)</td> </tr> </table>		<input type="checkbox"/> Regular (No. Hrs. Day <u> </u>)	<input checked="" type="checkbox"/> 9 1/2 Month Position	<input type="checkbox"/> Hours Variable	<input checked="" type="checkbox"/> Part Time (No. Hrs. Week <u>10</u>)	<input type="checkbox"/> 12 Month Position	<input checked="" type="checkbox"/> Hours Fixed	<input type="checkbox"/> Temporary (Period <u> </u> to <u> </u>)		
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<p>Benefits after one year's employment:</p> <p><input type="checkbox"/> SEP Retirement Plan</p> <p><input type="checkbox"/> Vacation</p>	<p>Benefits:</p> <p><input type="checkbox"/> Medical Insurance</p> <p><input type="checkbox"/> Personal Leave</p> <p><input type="checkbox"/> 403B Retirement Plan</p>	<p>Desired Hire Date:</p> <p><u>8/20/18</u></p>								
<p>Rate of Pay: \$ <u>9.61</u> (Circle) <u>Hour</u> / Pay Period / Month</p> <p>Grade: <u>3</u> Step <u>5</u></p>										
<p>Special Needs:</p> <p>_____</p> <p>_____</p> <p>_____</p>										

OPENING DATE: 7/3/18 (Allow 2 days after completion for opening date.)

CLOSING DATE: 7/10/18 (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.)

[Signature]
Coordinator

email 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