

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>	Date of Request: <u>8/16/18</u> Action Requested by: <u>Steph Wood</u> POSITION REQUESTED: <u>EHS Infant/Toddler Child Development</u> Check Program: <input checked="" type="checkbox"/> Early Head Start <input type="checkbox"/> Preschool Head Start Focus Area: <u>EHS CB</u> Center Location: _____
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Development Assistant on call Sub

Status:

<input type="checkbox"/> Regular (No. Hrs. Day _____)	<input type="checkbox"/> 9 ½ Month Position	<input checked="" type="checkbox"/> Hours Variable
<input checked="" type="checkbox"/> Part Time (No. Hrs. Week <u>as needed</u>)	<input checked="" type="checkbox"/> 12 Month Position	<input type="checkbox"/> Hours Fixed
<input type="checkbox"/> Temporary (Period _____ to _____)		

Benefits after one year's employment: <input type="checkbox"/> SEP Retirement Plan <input type="checkbox"/> Vacation	Benefits: <input type="checkbox"/> Medical Insurance <input type="checkbox"/> Personal Leave <input type="checkbox"/> 403B Retirement Plan	Desired Hire Date: _____
-----------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------

Rate of Pay: \$ 10.10 (Circle) Hour / Pay Period / Month Grade: 3 Step 7

Special Needs:

OPENING DATE: From current pool of application CLOSING DATE: until filled
(Allow 2 days after completion for opening date.) (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.)

Steph Wood Coordinator
 pre-approved Program Director (verbal confirmation)
 A. S. Simp Fiscal Office

- Distribution of completed form:**
- | | |
|----------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> PHS Receptionist | <input type="checkbox"/> Parent Involvement Specialist - EHS |
| <input type="checkbox"/> EHS Receptionist | <input type="checkbox"/> Parent Involvement Specialist - PHS |
| <input type="checkbox"/> PHS Secretary | <input type="checkbox"/> Coordinator/Supervisor Requesting Action |
| <input type="checkbox"/> Fiscal Assistant/Fiscal Officer | <input type="checkbox"/> Hiring File for Position |