

BEAR RIVER HEAD START EMPLOYMENT REQUISITION

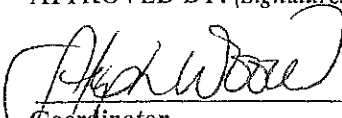
Coordinators and Supervisors: Have form completed and signed before action is requested.

<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>Kris Bersonnet Phone: 755-0081 FAX: 755-0125</p>	<p>Date of Request: <u>7-218</u> Action Requested by: <u>Meri Niederauser</u></p> <p>POSITION REQUESTED: <u>EHS Centerbase Child Development Assistant</u> <u>Nest/Kop</u></p> <p>Check Program: <input checked="" type="checkbox"/> Early Head Start <input type="checkbox"/> Preschool Head Start</p> <p>Focus Area: <u>EHS Center</u> Center Location: <u>Logan</u></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 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 type="checkbox"/> Personal Leave</p> <p><input checked="" type="checkbox"/> 403B Retirement Plan</p>	<p>Desired Hire Date:</p> <p style="text-align: center;"><u>7-20-18</u></p>
<p>Rate of Pay: \$ <u>10.10</u> (Circle) <u>Hour</u> Pay Period / Month</p>		<p>Grade: <u>3</u> Step <u>7</u></p>
<p>Special Needs:</p> <p><u>CDA in Infant/Toddler</u></p>		

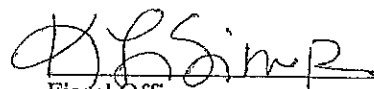
OPENING DATE: 7-13-18
(Allow 2 days after completion for opening date.)

CLOSING DATE: 7-20-18
(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

verbal approval
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