

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>1/15/19</u> Action Requested by: <u>Aerise Webb</u></p> <p>POSITION REQUESTED: <u>Family Advocate</u></p> <p>Check Program: _____ Early Head Start <input checked="" type="checkbox"/> _____ Preschool Head Start</p> <p>Focus Area: <u>Family</u> Center Location: <u>Cache/Franklin</u></p>	
<p>Status:</p> <p><input checked="" type="checkbox"/> Regular (No. Hrs. Day <u>8</u>) _____ 9 ½ Month Position <input checked="" type="checkbox"/> Hours Variable</p> <p>_____ Part Time (No. Hrs. Week _____) <input checked="" type="checkbox"/> 12 Month Position _____ Hours Fixed</p> <p>_____ 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>1/31/19</u></p>
<p>Rate of Pay: \$ <u>2302.⁰⁰</u> ^{2361.00 Kc} (Circle) Hour / Pay Period / Month</p>		<p>Grade: <u>20</u> Step <u>6</u></p>
<p>Special Needs: <u>Agree in Human Service Field Preferred</u></p> <p><u>Spanish Speaking Preferred</u></p>		

OPENING DATE: 1/16/19 CLOSING DATE: _____
(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.)*

[Signature] Coordinator _____ Program Director *(verbal confirmation)* [Signature] Fiscal Office

- Distribution of completed form:
- | | |
|---------------------------------------|--|
| _____ PHS Receptionist | _____ Parent Involvement Specialist - EHS |
| _____ EHS Receptionist | _____ Parent Involvement Specialist - PHS |
| _____ PHS Secretary | _____ Coordinator/Supervisor Requesting Action |
| _____ Fiscal Assistant/Fiscal Officer | _____ Hiring File for Position |