

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>11/14/19</u> Action Requested by: <u>Steph Wood</u> POSITION REQUESTED: <u>Food Delivery Assistant</u> Check Program: _____ Early Head Start <input checked="" type="checkbox"/> _____ Preschool Head Start Focus Area: <u>center-based</u> Center Location: <u>Box Elder</u>	
Status: _____ Regular (No. Hrs. Day _____) <input checked="" type="checkbox"/> 10 1/2 Month Position _____ Hours Variable <input checked="" type="checkbox"/> Part Time (No. Hrs. <u>Week 16</u>) _____ 12 Month Position _____ Hours Fixed _____ Temporary (Period _____ to _____)		
Benefits after one year's employment: _____ SEP Retirement Plan _____ Vacation	Benefits: _____ Medical Insurance _____ Personal Leave _____ 403B Retirement Plan	Desired Hire Date: _____
Rate of Pay: \$ <u>10.03</u> (Circle) <u>Hour</u> / Pay Period / Month		Grade: <u>3</u> Step <u>5</u>
Special Needs: _____ _____		

OPENING DATE: 11/14/19 (Allow 2 days after completion for opening date.)
 CLOSING DATE: until filled (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 [Signature] 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 |