

REQUISITION REPORT

ER118576 **NUTRIONIST/DIETICIAN HD STRT** STATUS A REQUESTED DATE: 11/15/2013
00583AO054 **NUTRITIONIST** BOARD APPROVED DATE: _____
 LOCATION: 005 DISTRICT WIDE FTE: 0.25000
 FISCAL YR: 2013-14 EFFECTIVE YR: C
 BARGAINING UNIT: Non-Bargaining
 REASON CODE: 10 NEW POSITION REPLACING/AFFECTED EIN: _____

Start Date: 10/28/2013 Start Time: 08:00:00 M T W T H F
 Days Per Week
 Permanent Assignment: End Time: 04:00:00
 Temp End Date: _____ Fulltime: FTE: 0.25000 Weeks/Year: 28.00

Job Description:

OVERSEE PROGRAM OPERATIONS AND COMPLIANCE W/HS PERF STANDARDS AND REGS IN AREA OF FOOD & NUTRITION; CONSULT W/THE HEALTH & NUTRITION SERV COORDINATOR; REVIEW CHILD FILES FOR DIETARY AND NUTRITIONAL NEEDS; DEVELOP MONTHLY MENUS ACCORDING TO NUTRITIONAL GUIDELINES; WORK WITH DISTRICT FOOD SERVICE DEPT TO COORDINATE MEAL SERVICE.

Minimum Qualifications:

B.A. IN HEALTH, NUTRITION OR RELATED FIELD AND POSSESS CURRENT REGISTRATION WITH THE COMMISSION ON DIETIC REGISTRATION OF THE AMERICAN DIETIC ASSOC OR BE ELIGIBLE, REGISTERED AND READY TO TAKE THE EXAM. CURRENT VALID DRIVER'S LICENSE AND ACCESS TO RELIABLE TRANSPORTATION.

Desirable Qualifications:

COURSEWORK AND/OR EXPERIENCE WITH FAMILIES FROM A VARIETY OF SOCIAL AND CULTURAL BACKGROUNDS AND FAMILIES LIVING IN ECONOMIC POVERTY. ABILITY TO DEMONSTRATE EFFECTIVE VERBAL AND WRITTEN COMMUNICATION SKILLS TO WORK INDEPENDENTLY.

Comments/Special Instructions:

THIS POSITION HAS BEEN FILLED AS AN HOURLY EMPLOYEE BY LAURA LIECHTY (12678) - RATE OF PAY \$25.00/HR...this position needs to be banded and graded and approved by the board...Laura was paid \$25 per hour from 10/28/13 through 11/8/2013 and then starting 11/11/13 she will get paid \$10.30 per hour until it is banded/graded.

Notes:

Fully Qualified Account Code and Object	PCN #	FTE %	Approved Status:
04-580-005-503-000-117002	00583AO054	0.8000	A
04-580-005-285-000-117002	0058343054	0.2000	A
Total Percent:		<u>1.0000</u>	

HUMAN RESOURCES USE ONLY

Empl ID:(EIN#) _____ NAME: _____
 Date Offered: _____ Date Accepted: _____ Start Date: _____
 Offer Type: Internal External LTS
 Salary Index _____ Range: _____ Step: _____ Next Step Increase: _____
 Vacation Time Accrual: _____ Sick Time Accrual: _____ Sick Bank: Oct ___ May ___
 Eligibility: Benefits _____ Sick/Personal Leave _____ Holiday _____ Snow Day _____ Vacation _____
 Probation: Yes: _____ No: _____ # of months _____
 Notes: _____

HR Signature: _____ Date: _____

CERTIFIED USE ONLY:

Minnesota Licensure: _____ Degree: _____ No. of Credits: _____