

Maine Center for Disease Control and Prevention WIC Nutrition Program

Employee Information Form

Please provide the following information for new, current or terminating staff as needed. Please email this completed form and any required documents to WIC.Maine@maine.gov for processing by State Agency.

New Employee Current Employee-Update Information Termination of Employee

Employee Full Name [Click or tap here to enter text](#) .

Work Email Address [Click or tap here to enter text](#) .

Job Title [Click or tap here to enter text](#) .

Credentials [Click or tap here to enter text](#) .

Date of Hire [Click or tap here.](#) Start Date [Click or tap here.](#) Termination Date [Click or tap here.](#)

Will this employee's wages be funded through the WIC Administration Grant? Yes No

Employment Status/Anticipated Hours: (Please specify – for example, 37-40 hours per week)

Full time Anticipated hours per week [Click or tap here.](#)

Part time Anticipated hours per week [Click or tap here.](#)

Per Diem Anticipated hours per week [Click or tap here.](#)

Spirit Roles

Local Agency Director Nutrition Coordinator Breastfeeding Coordinator

CPA Admin Auditor

BFPC Other [Click or tap here.](#)

Required Documents (signatures required) Click on document name below for a link to the document.

[Conflict of Interest](#)

[Confidentiality Agreement](#)