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Governor

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Commissioner



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Maine Center for Disease Control and Prevention WIC Nutrition Program

Employee Information Form

Complete the form below and submit it to WIC.Maine@maine.gov for processing by the State Agency.

New Employee Current Employee-Update Information Termination of Employee

Employee Full Name _____

Work Email Address _____

Job Title _____

Credentials (BS, RD, MPH, CLC etc) _____

Agency (State Agency, Local Agency Auditor, Other) _____

Date of Hire

Start Date

Termination Date

Will this employee's wages be funded by the WIC Admin Grant? Yes No

Employment Status/Anticipated Hours: (ex 37-40 hours per week)

Full time Anticipated hours per week

Part time Anticipated hours per week

Per Diem Anticipated hours per week

Spirit Roles

| | | |
|------------------------------|-----------------------|---------------------------|
| Director | Nutrition Coordinator | Breastfeeding Coordinator |
| CPA/Nutrition Counselor | Admin | Finance |
| Breastfeeding Peer Counselor | Vendor | Other |

Other Access

One Call Now
PowerBI (Directors Only)

New Employee Required Documents (signatures required)

[Conflict of Interest](#)
[Confidentiality Agreement](#)

Required tasks at termination of employment

[Complete Time Study](#)
Return eWIC Test Buy Card