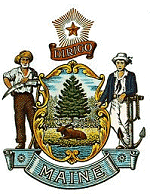
Termination Packet (Rev. 7/21)



**Notice of Employment Form**

Notice of Employment must be sent to the ESCB **within 30** **days** of hire or termination.

STATE OF MAINE

PUBLIC UTILITIES COMMISSION

Philip L. Bartlett, II Harry Lanphear

CHAIRMAN ADMINISTRATIVE DIRECTOR

Randall D. Davis

Patrick J. Scully

COMMISSIONERS

**Public Safety Dispatcher**

**NOTICE OF EMPLOYMENT / TERMINATION (rev. 12/19)**

Forward to the ESCB **within 30** days of employment or termination.

Please fill out either the EMPLOYMENT or the TERMINATION information, as applicable.

Name (Applicant) Maiden/previous Name(s):

(Last) (First) (Middle)

Department: Title:

Date of Birth: Sex: SS #:

(mm/dd/yyyy) (required by statute)

Official Agency Email Address for this Employee:

**EMPLOYMENT DATE: *or* TERMINATION DATE:**

**EMPLOYMENT / TERMINATION LEVEL:**

Has this employee had basic training for full-time public safety dispatching OUT OF STATE?

If the agency is requesting a waiver of the basic school for this individual, please forward the Waiver Application Packet to the Emergency Services Communication Bureau (ESCB):

Has this employee had training in Emergency Medical Dispatch (EMD)?

If Yes, what program?

Contact Maine EMS Office for license application process.

\*\*Is the applicant otherwise employed w/your agency? If so, what position? (i.e., also full-time law enforcement, part-time corrections, other):

TERMINATION: (If termination due to Conviction or Professional Misconduct, please note in comments)

Type of Termination (Please check) ☐Resigned     ☐ Discharged     ☐ Retired     ☐ Deceased     ☐ Other

Comments:

**This form MUST be signed by the DEPARTMENT HEAD and submitted to the**

**ESCB, 18 SHS, Augusta, ME 04333 or faxed to 207-512-5950**

Name (please print): Title:

Signature: (phone) Date:

***Phone: 207-877-8068 or 207-287-1598 or Fax: 207-512-5950 (training office***