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.

**NG911 Logon Credentials (PSAPs Only)**

Supervisors requesting NG911 logon credentials for their employee(s) may use this form or submit a request by email to 911Training.PUC@Maine.Gov . **A middle initial is required for NG911** (If there is no middle name/initial then indicate so by writing N/A in that field). Please list any other agencies an employee works for to ensure calls go to the proper PSAP (Agents will be given multiple logons if they work for more than one agency).

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 E-mail 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(check one): ☐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:



**NG911 USER ACTIVATION/DEACTIVATION FORM**

*(Form Fillable – Please type info after fields)*

Today’s Date:

PSAP Name:

Requestor Name:

Requestor Title:

Requestor Email:

Status Request:

User: First Name:

 Middle Initial:

 Last Name:

Email Address (for ERC alerts):

Role Requested:

Action Requested:

Date to Perform Request:

**ESCB USE ONLY**:

☐ APPROVED

☐ DENIED

ESCB NAME: ESCB TITLE: