

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 _____.

Work Email Address _____.

Job Title _____.

Credentials _____.

Date of Hire _ _

Start Date _ _

Termination Date _ _

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

Part time Anticipated hours per week

Per Diem Anticipated hours per week

Spirit Roles

Local Agency Director

Nutrition Coordinator

Breastfeeding Coordinator

CPA

Admin

Auditor

BFPC

Other

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

[Conflict of Interest](#)

[Confidentiality Agreement](#)

Required tasks at termination of employment

[Complete Time Study](#)