



STATE OF MAINE
PUBLIC UTILITIES COMMISSION

THOMAS L. WELCH
CHAIRMAN

KAREN GERAGHTY
ADMINISTRATIVE DIRECTOR

VENDEAN V. VAFIADES
DAVID P. LITTELL
COMMISSIONERS

Public Safety Dispatcher

NOTICE OF EMPLOYMENT / TERMINATION (rev. 2/08)

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) (Last) (First) (Middle) Maiden/previous Name(s):

Department: Title:

Date of Birth: (mm/dd/yyyy) Sex: SS #: (required by statute)

Official Agency E-mail Address for this Employee: (example: JDoe@mainepd.org)

EMPLOYMENT DATE: / / or TERMINATION DATE: / /

EMPLOYMENT / TERMINATION LEVEL:

Full Time Dispatcher Part Time Dispatcher**

Has this employee had basic training for full-time public safety dispatching OUT OF STATE? Yes No
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)? Yes No
If Yes, what program? Contact Maine EMS Office for license application process.

**Is 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

Name (please print): Title:

Signature: (phone) Date: