

State Department of Public Health
 Special Supplemental Nutrition Program for Women, Infants & Children
ctwic@ct.gov

**LOCAL AGENCY STAFF
 ADD/UPDATE/DELETE**

- Please use this form to Add/Update/Delete Local Agency Staff.

ACTION			
<input type="checkbox"/>	Add	<input type="checkbox"/>	Update:
<input type="checkbox"/>		<input type="checkbox"/>	Delete
AGENCY INFORMATION			
Agency:			
Clinic/Site Assigned:			
Street:			
City:	State:	Zip:	
EMPLOYEE INFORMATION			
First Name:	Middle Initial:		
Last Name:	Credentials:		
Title:	SID:	20892	21915
Start Date:		End Date:	
Telephone:		Email Address:	
Race/Ethnicity:	Race: _____ and _____	Ethnicity: _____	
Hours:	Full Time hours	Part Time hours	Temp Per Diem FTE: _____
Additional Comments:			
CIVIL RIGHTS TRAINING (must be completed within 30 days of date of hire)			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No Date of Completion:
CONFIDENTIALITY AND CONFLICT OF INTEREST (must be completed on start date)			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No Date Submitted to DPH:
Agency Staff Completing Form:			Date: