

**SENIORS AND PEOPLE WITH DISABILITIES  
STATE-OPERATED COMMUNITY PROGRAM**

**EMPLOYEE FILE CHECKLIST**

Name: _____	Temp Hire Date: _____
	Perm Hire Date: _____

Section I

Employee File Checklist  
Emergency Notification Information

Section II

Hepatitis B/TB Testing Sign-Off  
Reference and Qualifications Check Verification Letter  
Criminal History Clearance Letter  
Copy of Driver's License

Section III

Current, Signed and Dated Position Description  
Current Performance Appraisal  
Supervisor's Documentation Concerning Performance  
Grievances Filed and Results of Grievance Process

Section IV

Personnel Actions  
Discipline Letters (purge after 2 years)  
Substantiated Abuse Allegations

Section V

Current Nursing License  
Current RT License/Training  
Current OIS Certificate  
Current CPR Certificate  
Current First Aid Certificate  
HIPAA Sign off (retain)  
Any Other Certificates

Section VI

Yearly Cumulative Training Records  
Current Mandatory Abuse Reporting Status Forms  
Current Blood Borne Pathogen Training Sign-Off Forms  
Transfer Core Competency Training Records  
Transfer Pre-Inservice Training Records  
Initial Core Competency Training Records  
Pre-Service Training Summary Records