Personnel File Review

School Name _____ Date _____

				Compliance Review								
				Employee File						Separate File		
	Employee Name	Certificated or Classified	If Certificated: Core or Non-Core	Contract (including employee signature)	Copy of Credential	Copy of TB Skin Test Results (verify done in Santa Clara County)	DOJ/Fingerprint Clearance	Mandated Reporter Training	Employee Discipline (if applicable)	I-9	Employee Discipline: Criminal or Ongoing Investigation	Reviewer Notes
1												
2												
3												
4												
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9												
10												