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 (w/in 4 years)	DOJ/Fingerprint Clearance	Employee Discipline (if applicable)	Bloodborne Pathogens Training	Sexual Harrassment Training	Mandated Reporter Training	Workplace Safety Training	I-9	Employee Discipline: Criminal or Ongoing Investigation	Reviewer Notes and type of credential/permit
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															