Personnel File Review

School Name _____ Date _____

				Compliance Review						
				Must be Present				Cannot be Present		
	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)	Employee Discipline (if applicable - notation only - No discipline forms or records)	I-9	Employee Discipline: Criminal or Ongoing Investigation	Reviewer Notes
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										