Employee File Review Tool

Provider Name:							STATE OF THE PROPERTY OF THE P			
Contract Number(s):										
Site Visit Date:										
Staff Name										
Staff Position										
Hire Date										
Employee Screening- Authority: Attachment I B.2 or Core	Date	Status	Date	Status	Date	Status	Date	Status	Date	Status
Handbook Ch. C	Date	Otatas	Date	Otatus	Duto	Otatas	Date	Otatus	Date	Otatus
Job Description Experience Requirement Met? (Yes, No, N/A)										
Job Description Educational Requirement Met? (Yes, No, N/A)										
Job Description Certification Requirement Met? (Yes, No, N/A)										
Date Job Description Signed										
Date(s) of Completed Reference Checks										
Date(s) of Local Law Enforcement Screening Results Letter										
Date(s) of Level II Background Screening Clearance Letter										
Date(s) of Office of Inspector General Clearance										
Date(s) of Affidavit of Good Moral Character										
Date(s) of I-9 (Required within 3 business days of hire)										
Date(s) of E-Verify (Required within 3 business days of hire)										
Employee Training- Authority: Standard Contract 24 and	Date	Status	Date	Status	Date	Status	Date	Status	Date	Status
31.b., e., and g. or Core Handbook Chapters C, M, and I			Date	Status	Date	Status	Date	Status	Date	Status
Deaf and Hard-of-Hearing Training Module 1 Certificate Date										
Deaf and Hard-of-Hearing Training Module 2 Certificate Date										
Deaf and Hard-of-Hearing Training Module 3 Certificate Date										
Deaf and Hard-of-Hearing Training Module 4 Certificate Date (Only										
applicable to agency's SPOC)										
Security Awareness Training Certificate Date										
HIPAA Training Certificate Date										
Civil Rights 504 Training Certificate Date										
Other Requirements- Authority: Standard Contract 24 and	Date	Status	Date	Status	Date	Status	Date	Status	Date	Status
31.b., e., and g. or Core Handbook Chapter C, M, and I	Date	Status	Date	Status	Date	Status	Date	Status	Date	Status
Deaf and Hard-of-Hearing Attestation Date Signed										
Employee EBP Training Certificates (Certifying Body)	Date	Status	Date	Status	Date	Status	Date	Status	Date	Status
Name of EBP from SDN										
Name of EBP from SDN										
Name of EBP from SDN										
Name of EBP from SDN										
Name of EBP from SDN										
Name of EBP from SDN										
Name of EBP from SDN										

Date of Tool Revision: 7/1/23