

Employee Name _____ Date of Hire _____ Position _____

Iowa Personnel File Checklist

Employment File

1. _____ Employment Application completed and signed/Resume (if applicable)
2. _____ Signed Job Description
3. _____ Signed Employee Handbook Acknowledgement
4. _____ Provisional Job Offer
5. _____ Criminal Record Check/ Abuse Check (<https://www.iowaonline.state.ia.us/SING/>)
_____ Additional DCI Check if possible hit _____ Additional DAA Check if possible hit
6. _____ Record Check Form C
7. _____ Copy of current Certificate or License (if applicable)
8. _____ Nurse Aide Registry Verification or Nurse License Verification (if applicable)
9. _____ Direct Care Worker Registration
10. _____ Copy of Driver's License (if driving facility vehicle)
11. _____ Notice of Resignation or Termination
12. _____ PTO/Absence Request
13. _____ Personal/Professional Reference Request Form
14. _____ Employment Application Addendum/Post Employment Identification Request
15. _____ Applicant Interview Notes
16. _____ E-Verify

Health/Benefit File

1. _____ Benefit Enrollment Forms (health insurance, dental insurance, Unum, 401k, etc.)
2. _____ Dimensions Benefit Waiver Form
3. _____ Employee Health History Questionnaire Form (and follow-up if applicable)
4. _____ Hepatitis B Decision Form/Hepatitis Series Documentation
5. _____ TB Test Record (upon hire 2 step)
6. _____ TB Symptom Review Questionnaire (annually)
7. _____ Employee Consent Form for Drug Testing
8. _____ Signed Community Privacy Policy (HIPAA)
9. _____ Medical leave requests/physicians notes/FMLA requests
10. _____ Applicant and Food Employee Interview
11. _____ Food Employee Reporting Agreement

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Payroll File

1. _____ Payroll Employment Action Form
2. _____ Direct Deposit with a voided check attached (if employee participates in direct deposit)
3. _____ Federal W-4 form
4. _____ Iowa W-4 form
5. _____ Garnishment information (if applicable)

Performance File

1. _____ Nurse Aide/Medication Aide Competency Checklist
2. _____ RN/LPN documentation of CEU completion
3. _____ Orientation Module Checklist
4. _____ Department Specific Orientation Checklist _____
5. _____ Verification of CPR training
6. _____ Employee In-service Record/Certificates
7. _____ Sanitation Training
8. _____ Performance Evaluation
9. _____ Disciplinary Notice/Warning and coaching documentation
10. _____ Dependent Adult Abuse Training (Needs to be completed every 5 years)
11. _____ Dementia Training (8 hr within 30 days of hire, 8 hours annually direct care staff, 2 hours annually other staff)

Maintained Separately

1. _____ I-9 Form
2. _____ Workers' Compensation Information
3. _____ OIG Excluded Provider List (Checked monthly www.exclusions.oig.hhs.gov/)

** A separate file folder should be maintained for each section of the personnel file.*

Health/Benefit File – Red

Payroll File – Green

Performance File – Yellow