RIGHT ACCORD
Senior Home Health Care
9040 Town Center Parkway Lakewood Ranch, FL 34202
941-487-3665 | www.rightaccordhealth.com

EMPLOYEE FILE CHECKLIST

EMPLOYEE NAME: _____

DATE OF HIRE: _____

POSITION: _____

INITIAL FILLING BY: _____ DATE: _____

SECTION 1

- RESUME
- INITIAL QUESTIONNAIRE AND INTERVIEW REPORT
- APPLICATION FORM WITH EMERGENCY CONTACTS
- REFERENCES
- LEVEL 2 AHCA BACKGROUND SCREENING REQUEST

SECTION 2

- LICENSE WITH VERIFICATION RESULT
- CERTIFICATIONS, DIPLOMA, TRANSCRIPT, CERTIFICATE OF DEGREE
- SOCIAL SECURITY GUARD
- 1-9 VERIFICATION
- CPR CARD
- DRIVERS LICENSE
- AUTO INSURANCE

SECTION 3

- ORIENTATION CHECKLIST AT HIRE
- ORIENTATION CHECKLIST (AT POSITION CHANGE)
- JOB ACCEPTANCE LETTER OR STATEMENT
- JOB DESCRIPTION WITH DATE AND SIGNATURES
- PERFORMANCE EVALUATIONS (90 DAYS AND YEARLY)
- SKILLS COMPETENCY EVALUATIONS (ON HIRE AND YEARLY)
- COUNSELING AND DISCIPLINARY ACTIONS

SECTION 4

- IN SERVICE REQUIRED ON HIRE (THEN YEARLY) INSERT CERTIFICATES

- OTHER STATE MANDATORY CERTIFICATIONS
- CEU CERTIFICATES

SECTION 5

- CONFIDENTIALITY AND PROTECTED HEALTH INFORMATION
- FIELD PRACTICES STATEMENT
- CONFIDENTIALITY STATEMENT
- HIPAA CONFIDENTIALITY AGREEMENT
- CORPORATE COMPLIANCE STATEMENT
- POLICIES AND PROCEDURES STATEMENT
- PERSONAL PROTECTIVE EQUIPMENT STATEMENT
- DISCIPLNARY ACTIONS
- COMPLAINT FORMS
- EXIT INTERVIEW

SECTION 6

- PAYROLL FORMS (W-2 OR W-4)
- ANNUAL W-2 COPY
- PAYSTUBS
- ERSP WEEKLY TIME SLIPS OR HOURS WORKED SUMMARY (GENERATE MONHTLY)
- MILEAGE SHEETS IF APPLICABLE
- VACATION OR TIME OFF REQUESTS
- MISCELLANEOUS

SECTION 7 (SEPARATE FILE MARKED "CONFIDENTIAL")

- PHYSICAL STATEMENT – FIT TO WORK
- TB TEST CHEST X RAY RESULTS – FREE FROM COMMUNICABLE DISEASE STATEMENT
- IMMUNIZATION RECORDS
- HEPATITIS DECLINATION/ACCEPTANCE (EVIDENCE OF HEPATITIS VACCINE COMPLETION IF EMPLOYEE MARKED THEY HAVE COMPLETED THE SERIES)
- CRIMINAL HISTORY ATTESTATION
- CRIMINAL BACKGROUND RESULTS
- DRUG TEST RESULTS
- OTHER CONFIDENTIAL INFORMATIONS

REVIEWED FILE BY: _____ DATE: _____