

EMPLOYEE CHECKLIST FOR PERSONNEL FILE

Name: \_\_\_\_\_

IEIN #: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Illinois Teaching License(s):

	Type/Endorsement	Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	Official, up-to-date transcripts	24-23
_____	Physical Examination upon initial hiring	24-5
_____	Proof of freedom from tuberculosis (TB test)	24-5
_____	Fingerprint background investigation (hired after 8-12-04)	24-5
_____	Sex Offender Database check (all employees every 5 years)	24-5
_____	Child Murderer and Violent Offender Against Youth Registry check (all employees every 5 years)	730 ILCS 154/85
_____	Mandated Reporter form (DCFS)	325 ILCS 5/1
_____	Tenured teacher evaluations	24A
_____	Non-tenured teacher evaluations	24A
_____	Remediation plans for teachers given unsatisfactory ratings	24A