

# PERSONNEL 3.0

## Personnel Files -- 3.9

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**Signature:**



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### **POLICY**

A personnel file on each employee in the Bureau of Health Services will be maintained by a personnel officer, supervisor or other designated authority at the employee's work location or in the case of regional and local health, the regional office. The employee's official personnel file is maintained in the Division of Human Resources of the Department of Health, Nashville, Tennessee.

### **APPLICABILITY**

This policy applies to Local Health Department, Regional and Central Office personnel.

### **PURPOSE**

To ensure that proper personnel records are maintained on each employee.

### **PROCEDURE**

It is the responsibility of all personnel officers, supervisors or other designated authorities to establish and maintain a personnel file at the work location or regional office of each employee in their assigned area. The personnel file should contain the following items:

1. A copy of the worked register with all necessary backup documents or a copy of the transfer paperwork for the completion of the appointment.
2. A copy of the approved **PNF-201** form.
3. A copy of a completed **Personnel Request Form-3 Form, PH-0078** showing the employee's report to work date, if applicable.
4. Copies of current **PNF-201** forms showing changes and updated information.
5. Copies of letters, memos or other paperwork requesting salary increases, reclassifications, special leave requests or other personnel transactions involving the employee.
6. A copy of the employee's **Work Schedule Designation Form, PH-2003**, if applicable.
7. A copy of the Employment Eligibility Verification Form, if applicable.
8. A copy of a signed **Personnel Confidentiality Statement, PH-3131**.
9. A signed **Acknowledgment, PH-3131**, indicating receipt of TDH policy on a drug free workplace.
10. Copies of appropriate credentials (diploma, certificate, license, annual license renewal, etc.).
11. Evidence of tuberculosis screening, if applicable.
12. Evidence that the employee has been given the State policy on Workplace Harassment, PH-3131
13. Signed acknowledgment indicating that the employee has read the Department of Health's **Conflict of Interest policy, PH-3131**.
14. For employees born in 1957 or later, evidence of immunity to measles, mumps and rubella viruses, or statement of refusal, if applicable.
15. A copy of the signed Hepatitis B Vaccine Declination form, if applicable.
16. A copy of a signed **TennCare Impartiality Statement**, if applicable.
17. A copy of a signed **State of Tennessee Internet Acceptable Use Policy Agreement, FA-0936**, if applicable.
18. Evidence of immunity to varicella, or statement of refusal, if applicable.
19. A signed **Computer Access Security Agreement, PH-3601**, if applicable.
20. A signed Edison User Security Authorization Form, FA-1015, if applicable.

Information contained in personnel files is open to the public according to the State Attorney General. Employees wanting to see their own personnel file should make a request to their supervisor. This request cannot be denied. If an individual (within or outside state government) requests to see an employee's personnel file, and the person making the request is not in the employee's line of supervision, a manager of personnel files, or an auditor, the individual making the request must provide the following:

1. Personal identifying information, except for the person's phone number and address.
2. A signed statement indicating they reviewed an employee's personnel file. The statement will include the name of the employee whose file is being

reviewed and the signature and date of the individual reviewing the file. This statement will be inserted in the employee's personnel file which was reviewed. Additionally, a copy of the statement will be forwarded to the employee whose personnel file was reviewed.

## **NECESSARY FORMS**

1. PNF-201
2. Personnel Request Form-3 Form, PH-0078
3. Work Schedule Designation Form, PH-2003, if applicable
4. Personnel Confidentiality Statement, PH-3131
5. Drug Free Workplace Acknowledgment, PH-3131
6. Workplace Harassment, PH-3131
7. Conflict of Interest policy, PH-3131
8. TennCare Impartiality Statement, if applicable
9. State of Tennessee Internet Acceptable Use Policy Agreement, FA-0936
10. Computer Access Security Agreement, PH-3601
11. Acceptable Use Policy Network Access Rights and Obligations User Agreement Acknowledgement, FA-0984
12. Insurance Checklist, FA-0980
13. Edison User Security Authorization Form, FA-1015

## **REFERENCE DOCUMENT**

Rules of the Tennessee Department of Human Resources

## **OFFICE OF PRIMARY RESPONSIBILITY**

Human Resources Section, Bureau of Health Services, (615) 741-7305