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| **TCP Form 909-Personnel Protected Information Certification**  |

The Community Partnership (TCP) Form 909-Personnel Protected Information Certification must be completed for **EACH STAFF PERSON** whose salary is paid by a TCP contract; this includes full and part-time staff. This form must be completed and submitted to TCP annually, as part of the yearly deliverable submission requirement and/or anytime a new staff person is hired.

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| --- | --- |
| Staff Name:  | Start Date: |
| Agency Name: | Program Name: |
| Contract #:  | Contract Period: |
| Date of Form Completion: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Protected Information** | **Date Completed** | **Expiration Date** | **Comments** |
| Federal Bureau Investigation (**FBI)** |  |  |  |
| Metropolitan Police Department Report (**MPD**) |  |  |  |
| Tuberculosis **(TB)** |  |  |  |
| Toxicology Screening (**Tox)** |  |  |  |

|  |  |  |
| --- | --- | --- |
| COVID Vaccination Status \*Please indicate if the staff member is vaccinated by circling Y/N**Yes or No**\*If the staff member is **Not** vaccinated, please indicate the reason in the comments section. | **Date Completed** | **Comments** |
| 1st Dose COVID-19 Vaccine |  |  |
| 2nd Dose COVID-19 Vaccine |  |  |
| COVID-19 Booster Status |  |  |

My signature below certifies the information provided in this form is true, accurate and complete.

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**Executive Director/ Designee Signature Date**

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**Human Resource Director Signature Date**