

## **POLICY**

**SUBJECT: Employee's Personnel Record**  
**NUMBER: HR-415-18**  
**APPLICABLE TO: All Employees**

**APPROVED:** \_\_\_\_\_ /s/ signature on original  
**Sam Abed, Secretary**  
**DATE:** \_\_\_\_\_ 1/22/18

**I. POLICY**

The Department of Juvenile Services shall create and maintain a current, accurate, and confidential personnel record on each employee.

**II. AUTHORITY**

- A. Md. Code Ann., Human Services, §§ 9-203 and 9-204.
- B. Md. Code Ann., General Provisions, § 4-311
- C. American Correctional Association (ACA) Standards, 4-JCF-6D-11 and 4-JCF-6D-12

**III. DIRECTIVES/POLICIES RESCINDED**

None

**IV. FAILURE TO COMPLY**

Failure to comply with the Department's Policy and Procedures shall be grounds for disciplinary action up to and including termination of employment.

V. **REVISION HISTORY**

DESCRIPTION OF REVISION	DATE OF REVISION
New policy issued.	1/22/18



# PROCEDURES

**SUBJECT:** Employee's Personnel Record  
**NUMBER:** HR-415-18  
**APPLICABLE TO:** All Staff

**APPROVED:** \_\_\_\_\_ /s/ signature on original  
**Lynette Holmes, Deputy Secretary**  
**DATE:** \_\_\_\_\_ 1/19/18

- I. PURPOSE**  
To provide procedures for the creation, maintenance, and employee's review of an employee's personnel file.
- II. DEFINITIONS**  
None
- III. PROCEDURES**
- A. Creation and Maintenance of Personnel Records**
1. The Department shall create and maintain a personnel record that, at a minimum, contains the employee's initial application and reference letters, the results of any employment investigation, and documentation of all training completed, salary information, job performance evaluations, commendations, and disciplinary actions.
  2. The DJS Office of Human Resources (OHR) shall collect and maintain information obtained as part of a required medical examination of the employees on separate forms and in separate medical files and treat the information as a confidential medical record.
  3. Personnel records shall be kept in accordance with the DJS Record Retention Schedule.
  4. If the employee believes that their personnel file contains incorrect information, the employee can contact their supervisor and request a review. If proven inaccurate, the information shall be removed or corrected.
- B. Employee Access to Personnel File**
1. Should an employee wish to review his or her personnel file, the employee shall contact the Office of Human Resources and schedule an appointment.

2. With written permission from the employee, the employee may allow other individuals to review their file.
3. An employee's access to their personnel file must be supervised; the employee shall not be left alone with their file.
4. The employee may obtain copies of anything in their file.
5. If the employee or an employee's approved individual adds or removes anything from their personnel file, the employee may be subject to discipline up to and including termination.

**IV. RESPONSIBILITY**

Superintendents, Regional Directors and Administrators are responsible for implementation and compliance with this procedure within 30 days of issuance.

**V. INTERPRETATION**

The Deputy Secretary for Support Services shall be responsible for interpreting and granting any exceptions to these procedures.

**VI. LOCAL OPERATING PROCEDURES REQUIRED**

No

**VII. DIRECTIVES/POLICIES REFERENCED**

No policies referenced.

**VIII. APPENDICES**

None



# DJS POLICY AND STANDARD OPERATING PROCEDURES

## Statement of Receipt and Acknowledgment of Review and Understanding

---

**SUBJECT: Employee's Personnel Record**

**NUMBER: HR-415-18**

**APPLICABLE TO: All Employees**

---

I have received and reviewed a copy (electronic or paper) of the above titled policy and procedures. I understand the contents of the policy and procedures.

I understand that failure to sign this acknowledgment form within five working days of receipt of the policy shall be grounds for disciplinary action up to and including termination of employment.

I understand that I will be held accountable for implementing this policy even if I fail to sign this acknowledgment form.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT FULL NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WORK LOCATION

***SEND THE ORIGINAL, SIGNED COPY TO THE DIRECTOR OF THE DJS OFFICE OF HUMAN RESOURCES FOR PLACEMENT IN YOUR PERSONNEL FILE.***