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| CSO-1636 (3-18) | ARIZONA DEPARTMENT OF CHILD SAFETY | R:\DCS_round_logo_K.jpg |
|  | **AGENCY ROSTER**  Due On The First Of The Month |
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| PROVIDER NAME: | | CONTRACT NUMBER *(IF APPLICABLE)*: | | ROSTER AS OF DATE: |
| **CLASSIFICATION CODES** | **DIRECTIONS** | | | |
| **B** - Board Member (If applicable)  **C** – Contractor (Owner)  **D** – Direct Care Staff  **EA** – Administration Employee  **EO** - Office Staff  **ES** - Support Staff  **S** – Subcontractor  **V** – Volunteer | * This information must be entered electronically on this form.  PDF, hand-written or altered copies will not be accepted. * Enter Names in alphabetical order A to Z by Last Name. * Multiple classifications are permitted, separated by a comma(,) with no spaces * All dates entered in mm/dd/yyyy format. | | * Date Fingerprinting Completed is the date fingerprints were rolled at a Fieldprint appointment. If individual already possess a valid Level One Fingerprint Clearance card, leave blank. * Once the Date of Separation has been reported via the Agency Roster, delete the individual from the next Agency Roster * Changes must be entered into Quick Connect within 5 days of hire, termination or change * This form must be submitted via email to [CWL@azdcs.gov](mailto:CWL@azdcs.gov) on the first of each month | |

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| **NAME *(LAST, FIRST, MI)*** | **CLASSIFICATION** | **DATE OF BIRTH** | **DATE OF**  **HIRE** | |  |  | | --- | --- | | **LEVEL ONE FINGERPRINT CLEARANCE** | | | **DATE FINGERPRINTING COMPLETED** | **APPLICATION**  **OR CLEARANCE CARD NUMBER** | | | **DATE OF QUICK CONNECT ENTRY** | **DATE QUICK CONNECT CLEARANCE COMPLETED** | **DATE OF SEPARATION** |
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| ***\*TAB TO GET NEW ROW*** |  |  |  |  |  |  |  |

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for Department services is available upon request. • Ayuda gratuita con traducciones relacionadas con los servicios del DCS está disponible a solicitud del cliente