

<b>Retention Schedule Change Request</b>		Department:																																
<b>BOA Records Management Program</b>		Division:																																
SFN 01224-0007 (12-01)		Office:																																
<b>Instructions:</b> Use this form to request a change in an existing Records Retention and Destruction Schedule Manual. Please type or print in the blanks provided. If you need additional space, use the back of this form. Your agency records officer or your department head must sign and date this form below before Records Management can act on your request.		Program:																																
		Records Officer:																																
		Customer Number:																																
		<input type="checkbox"/> Amend Series # <input type="checkbox"/> Delete Series # <input type="checkbox"/> Add New Series																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Record Format</th> <th style="width: 50%;">Filing Method</th> <th colspan="3">Reference Rates</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Paper</td> <td><input type="checkbox"/> Alpha.</td> <td style="text-align: center;">Year 1</td> <td style="text-align: center;">Year 2</td> <td style="text-align: center;">Year 3</td> </tr> <tr> <td><input type="checkbox"/> Microfilm</td> <td><input type="checkbox"/> Chron.</td> <td style="text-align: center;">Per week</td> <td style="text-align: center;">Per week</td> <td style="text-align: center;">Per week</td> </tr> <tr> <td><input type="checkbox"/> Imaging</td> <td><input type="checkbox"/> Num.</td> <td style="text-align: center;">Per month</td> <td style="text-align: center;">Per month</td> <td style="text-align: center;">Per month</td> </tr> <tr> <td><input type="checkbox"/> Computer</td> <td><input type="checkbox"/> Other</td> <td style="text-align: center;">Per year</td> <td style="text-align: center;">Per year</td> <td style="text-align: center;">Per year</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Record Format	Filing Method	Reference Rates			<input type="checkbox"/> Paper	<input type="checkbox"/> Alpha.	Year 1	Year 2	Year 3	<input type="checkbox"/> Microfilm	<input type="checkbox"/> Chron.	Per week	Per week	Per week	<input type="checkbox"/> Imaging	<input type="checkbox"/> Num.	Per month	Per month	Per month	<input type="checkbox"/> Computer	<input type="checkbox"/> Other	Per year	Per year	Per year	<input type="checkbox"/> Other							
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<input type="checkbox"/> This is an original <input type="checkbox"/> This is a copy		<b>Rate of Accumulation:</b> cubic ft/year (3,000 documents =1 cubic foot)																																
<b>Requested Record Title:</b>																																		
<b>Description:</b> (Include purpose for which the record was created and a sample of the type of information contained in the record series.)																																		
<b>Requested Retention and Destruction Schedule:</b> (If unknown, leave blank)																																		
<b>Justification for Requested Schedule:</b> (Include statutes, ARSD, federal laws, etc.)																																		
<b>Your name:</b>		<b>Date:</b>		<b>Telephone number:</b>																														
<b>Department Records Officer Signature:</b>		<b>Date:</b>		<b>Telephone number:</b>																														