DEPARTMENT OF PERSONNEL & ADMINISTRATION
STATE ARCHIVES AND PUBLIC RECORDS
RECORDS DISPOSITION SCHEDULE

<table>
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<th>DEPARTMENT</th>
<th>DIVISION</th>
<th>SECTION</th>
<th>PERMANENT</th>
<th>NON-PERMANENT</th>
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</thead>
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<tr>
<th>ITEM NO.</th>
<th>DESCRIPTION</th>
<th>RETENTION PERIOD</th>
<th>SPECIAL INSTRUCTIONS</th>
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</table>

NO RECORD SHALL BE DESTROYED UNDER THIS SCHEDULE AUTHORITY SO LONG AS IT PERTAINS TO ANY LEGAL CASE, CLAIM, ACTION OR AUDIT.

I request approval of the above records disposition schedule. Retention periods have been established by this agency after careful evaluation of all of the factors listed in the State Records Management Policies and Procedures Manual. I hereby certify that I am authorized to act for the head of this agency in matters pertaining to disposal of records. I also certify that I will comply with all conditions listed on page 4-10 of the Records Management Policies and Procedures Manual.

State Archivist’s Signature Date

Records Liaison Officer’s Signature Date

Attorney General’s Signature Date

State Auditor’s Signature Date

SA-194 (REV 1/78)