



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

ARCHIVES NO.

DEPARTMENT	DIVISION	SECTION	PERMANENT <input type="checkbox"/>
			NON-PERMANENT <input type="checkbox"/>

ITEM NO.	DESCRIPTION	RETENTION PERIOD	SPECIAL INSTRUCTIONS

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