REQUEST FOR REC	REQUEST FOR RECORDS DISPOSITION AUTHORITY			LEAVE BLANK				
(See Instructions on reverse)				N1-47-87-3				
TO GENERAL SERVICES ADMIN NATIONAL ARCHIVES AND		NGTON, D	C 20408	DATE RECEIVE	- J	9-87	7	
1 FROM (Agency or establishment)				NO	TIFICA	TION TO AGEN	CY	
Health and Human Services 2 MAJOR SUBDIVISION				In accordance with the provisions of 44 U.S.C. 3303a the disposal request, including amendments, is approved				
Social Security Administration 3 MINOR SUBDIVISION					except for items that may be marked "disposition not approved" or "withdrawn" in column 10 If no records are proposed for disposal, the signature of the Archivist is			
Office of Supplemental A NAME OF PERSON WITH WHOM TO	Security Income	5 TELEPHONE EXT.		not required ARCHIVIST OF THE UNITED STATES				
William H. Jones		FTS 934-5770		6.23-87	\$2	tombs	(Suhe	
I hereby certify that I am aut that the records proposed for agency or will not be needed Accounting Office, if required attached A GAO concurrence states at	horized to act for this agend disposal in this Request of I after the retention period under the provisions of T	f 2 ds specifitle 8 of	page(s led, and	s) are not nov that written	w need concu	ed for the bu irrence from	siness of this the General	
		,						
3/17/87 Jish	C SIGNATURE OF AGENCY REPRESENTATIVE DEPARTMENT RECORDS Dr. George Deal				ds Mai	nagement Oi	fficer	
7 ITEM NO	8 DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods)					9 GRS OR SUPERSEDED JOB CITATION	10 ACTION TAKEN (NARS USE ONLY)	
The reports are SSI recipients are accurate (wage data). The Supplement Social Securit upon the type recent data, of is entered by Supplemental SBecause each ton many recipital vidual reconstructions.	Recipients Recipients Workshop Wage Reports e used to verify acturand ensure that their i.e., the payment amount of the monthly and/or quarent and wage in of report, it may contribute the district office discurity Record as verify report identifies and tents, privacy considered to the retained in the DO is a serific to the contribute of the point of t	al mont r month ount is cipient formati tain on ative directly contain erations the cla	hly wag ly SSI based o reports s' name on. De ly the ata. T rinto t rage dat s infor	es of checks n accurate contain s, pending most the data the a. mation oit				

Request	for Records Disposition Authority Continuation	JOB NO N1-47	-87-3	PAGE OF 7
' 7 ITEM NO	8 DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods)	-	9 SAMPLE OR JOB NO	10 ACTION TAKEN
-	Proposed Disposition			
	Destroy 90 days after the data has been entered into the Supplemental Security Record. NOTE: Where sheltered workshops report cumulative			
•	data, prior reports may be destroyed upon receipt of the next report if there have be no changes (corrections) made to previously reported data.	en		
2.	B. Pay Stubs			
ŕ	These pay stubs are for SSI recipients or individu from whom income is deemed. They are used to veri actual monthly wages of SSI recipients (or individ from whom income is deemed), and ensure that the S recipient's monthly SSI check is accurate.	fy uals		
	Proposed Disposition			
	Destroy 90 days after receipt unless there is an appeal in which case the records become a part of claims file.	the		