REQUEST FOR RECORDS SPOSITION AUTHORITY (See Instructions on reverse)

KeNNCD 1390017949

| (See Instructions on reverse)                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |                                                                                                                                    | EATE BEATA                              | •                 |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------|
|                                                                               | (occ manuchom on reverse)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       | JOB NO                                                                                                                             | 0.00                                    | ,                 |
| TO GENER                                                                      | AL SERVICES ADMINISTRATION,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       | 1 NC1-4                                                                                                                            | 7-79-1                                  | e                 |
| NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, DC 20408                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       | DATE RECEIVED                                                                                                                      |                                         |                   |
| 1. FROM (AGENCY OR ESTABLISHMENT)                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       | 2 3 JAN 1979                                                                                                                       |                                         |                   |
| Department of Health, Education, and Welfare                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       | NOTIFICATION TO AGENCY                                                                                                             |                                         |                   |
| 2. MAJOR SUBDIVISION                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       | In accordance with the provisions of 44 U.S.C. 3303a the disposal re                                                               |                                         |                   |
| Social Security Administration 3. MINOR SUBDIVISION                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       | quest, including amendments, is approved except for items that may be stamped "disposal not approved" or "withdrawn" in column 10. |                                         |                   |
| _                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       | ne stamped disposal not                                                                                                            | approved or withde                      | awn in column 10. |
| Office of Program Operations 4. NAME OF PERSON WITH WHOM TO CONFER 5. TEL EXT |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       | 1                                                                                                                                  |                                         |                   |
|                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5. IEL EXI                            | 11 26 79 1 40 1                                                                                                                    |                                         |                   |
|                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 594-5770                              | Date Archivest of the United States                                                                                                |                                         |                   |
|                                                                               | E OF AGENCY REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1                                     | <u> </u>                                                                                                                           |                                         |                   |
| that the this age                                                             | recrtify that I am authorized to act for this ager records proposed for disposal in this Request ency or will not be needed after the retention pure Request for immediate disposal.  Request for disposal after a specific retention.                                                                                                                                                                                                                                                                                                                                                                                  | st of <u>1</u> page eriods specified. | (s) are not now ne                                                                                                                 | eded for the I                          | ousiness of       |
| C. DATE                                                                       | D SIGNATURE OF AGENCY REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | E. TITLE LOES                         | T Parkn                                                                                                                            | of Of                                   | i<br>K            |
| 7.<br>ITEM NO                                                                 | 8. DESCRIPTION (<br>(With Inclusive Dates or Re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       | 9.<br>SAMPLE OR<br>JOB NO.                                                                                                         | 10.<br>ACTION TAKEN                     |                   |
|                                                                               | RECORDS RETENTION AND DISPOSAL SCHEDULE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       |                                                                                                                                    |                                         |                   |
|                                                                               | SUPPLEMENTAL SECURITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | S                                     |                                                                                                                                    |                                         |                   |
|                                                                               | Form SSA-3911, Report of Change - SSI Data  A multipart form, Form SSA-3911, Report of Change - SSI Data, or its equivalent, used by States to notify SSA of discrepancies between their records and the State Data Exchange record. Copies of the form are forwarded by States to the district offices (DO's) for necessary verification and action. After DO verification, the information on the form may be used to correct the Supplemental Security Record and may result in a redetermination action. Copies of form SSA-3911 are received by regional offices for control purposes.  Destroy when 3 months old. |                                       |                                                                                                                                    | • • • • • • • • • • • • • • • • • • • • |                   |

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STANDARD FORM 115 Revised April, 1975 Prescribed by General Services Administration FPMR (41 CFR) 101-11 4

## INSTRUCTIONS

## General Instructions:

Use Standard Form 115 (obtainable from supply depots of the Federal Supply Service, General Services Administration) and the continuation sheet Standard Form 115a (obtainable from the Records Disposition Division, Office of Eederal Records Centers, National Archives and Records Service, Washington, D.C. 20408) to obtain authority to dispose of records or to request permanent retention of records. Detach the fifth copy from the set and keep as your reference copy. Submit the first four copies of the set to the National Archives and Records Service. One copy will be returned to the agency as notification of items that are authorized for disposal. Items withdrawn or not approved for disposal will be so marked. Each SF 115 requiring Comptroller General concurrence must be accompanied by a notification of approval from GAO.

## Specific Instructions:

Entries 1, 2, and 3 should show what agency has custody of the records that are identified on the form, and should contain the name of the department or independent agency, and its major and minor subdivisions.

Entries 4 and 5 should help identify and locate the person to whom inquiries regarding the records should be directed.

Entry 6 should be signed and dated on the four copies by the agency representative. The number of pages involved in the request should be inserted.

Box A should be checked if the records may be disposed of immediately. Box B should be checked if continuing disposal authority is requested or if permanent retention is requested. Only one box may be checked.

Entry 7 should contain the numbers of the items of records identified on the form in sequence, i.e., 1, 2, 3, 4, etc.

Entry 8 should show what records are proposed for disposal.

Center headings should indicate what office's records are involved if all records described on the form are not those of the same office or if they are records created by another office or agency.

An identification should be provided of the types of records involved if they are other than textural records, for example, if they are photographic records, sound recordings, or cartographic records.

An itemization and accurate identification should be provided of the series of records that are proposed for disposal or retention. Each series should comprise the largest practical grouping of separately organized and logically related materials that can be treated as a single unit for purposes of disposal. Component parts of a series may be listed separately if numbered consecutively as la, lb, etc., under the general series entry.

A statement should be provided showing when disposal is to be made of the records, thus:

If immediate disposal is requested of past accumulations of records, the inclusive dates during which the records were produced should be stated.

If continuing disposal is requested for records that have accumulated or-will continue to accumulate, the retention period may be expressed in terms of years, months, etc., or in terms of future actions or events. A future action or event that is to determine the retention period must be objective and definite. If disposal of the records is contingent upon their being microfilmed, or otherwise reproduced or recorded on machine readable media, the retention period should read: "Until ascertained that reproduced copies or recordings have been made in accordance with GSA regulations and are adequate substitutes for the paper records." Also, the provisions of FPMR § 101-11.5 should be observed.

Entry 9 should be checked if samples are submitted for an item. However, samples of the records are not required unless they are requested by the NARS appraiser. If an item has been previously submitted, the relevant job and item number should be entered.

Entry 10 should be left blank.

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