

**REQUEST FOR RECORDS DISPOSITION AUTHORITY**  
(See Instructions on reverse)

TO **GENERAL SERVICES ADMINISTRATION,  
NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, DC 20408**

1. FROM (AGENCY OR ESTABLISHMENT)  
HHS

2 MAJOR SUBDIVISION  
SSA

3 MINOR SUBDIVISION  
Office of Assessment

4. NAME OF PERSON WITH WHOM TO CONFER

Ernest P. Lardieri

*FWB*

5. TEL EXT

594-5770

LEAVE BLANK	
JOB NO	<i>NCI-47-84-5</i>
DATE RECEIVED	<i>4-13-84</i>
NOTIFICATION TO AGENCY	
In accordance with the provisions of 44 U.S.C. 3303a the disposal of this record, including amendments, is approved except for items that may be stamped "dispose not approved" or "withdrawn" in column 10.	
<i>4-30-84</i> Date	<i>[Signature]</i> Archivist of the United States

6 CERTIFICATE OF AGENCY REPRESENTATIVE

I hereby certify that I am authorized to act for this agency in matters pertaining to the disposal of the agency's records; that the records proposed for disposal in this Request of 2 page(s) are not now needed for the business of this agency or will not be needed after the retention periods specified.

**A** Request for immediate disposal.

**B** Request for disposal after a specified period of time or request for permanent retention.

C DATE <b>12/16/83</b>	D SIGNATURE OF AGENCY REPRESENTATIVE <i>George Deal</i> Dr. George Deal	E TITLE HHS Records Management Officer
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7 ITEM NO	8 DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods)	9. SAMPLE OR JOB NO	10. ACTION TAKEN
	<p align="center"><u>Records Retention and Disposal Schedule</u> <u>Office of Assessment</u> <u>Quality Enumeration Files</u></p> <p>These files document the quality assurance sample studies for the enumeration process. The files consist of copies of the numident*printouts and microprints of the corresponding forms SS-5, Application for a Social Security Number Card. They are maintained by sample period and also include form SSA-3978, QA Operations SSN Enumeration Process Tally Sheet, or its equivalent, which is used both as a record of the types of enumeration errors found and as a data entry form for creating a management information data base and reporting system under an outside contract. The data base is maintained by the contractor for 1 year; reports reflecting national and regional data are prepared and sent to SSA. If an enumeration error is found, a form SSA-3764, Notice of Error in Social Security Number Records, is completed. The original is forwarded to the Office of Central Operations (OCO) for action and a copy is maintained by the Office of Assessment for follow-up after 6 months.</p> <p>*Social Security number identification printout</p> <p align="center"><b>MASS DATA CHANGE SHEET NOT REQUIRED</b></p>		

*4 items*

115-107 *Copies to agency, NNF, 5/1/84 RUC*

**Request for Records Disposition Authority – Continuation**

JOB NO  
**NCI-47-84-5**

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2 OF 2

7. ITEM NO	8. DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods)	9. SAMPLE OR JOB NO	10. ACTION TAKEN
	<p><u>Disposition</u></p> <p>1. <u>Tally Sheets, Numident Printouts and SS-5 Microprints:</u> Transfer to SSA Records Holding Area. Destroy 2 years after the close of the sample quarter in which the sample was taken.</p> <p>2. <u>Management Reports:</u> Destroy when 3 years old.</p> <p>3. <u>Office of Assessment Copy of SSA-3764:</u> Destroy when 9 months old.</p> <p>4. <u>Office of Central Operations Copy of SSA-3764</u> Destroy after correction has been made and verified.</p>		