

APPENDIX F

**RECORDS DESTRUCTION AUTHORIZATION FORM
INSTRUCTIONS**

1. Indicate your department and division, if applicable. For example, Business Office – Accounts Payable
2. Identify the format of the records. **Do not** combine paper and electronic records on the same form.
3. Fill in the form using the office schedule to find the schedule number and retention period.
4. If the RDA is for electronic records and you know the server's id # or name please indicate it.
5. If the RDA is for paper records it is not necessary to identify a location number.
6. **Do not** fill in the box - RDA #.
7. Have your department head sign and date the form.
8. Submit the completed form to the Records Management Officer

NOTE: This form is a table created using Microsoft Word. It is expandable. Please add rows as needed.

SAMPLE

OTSEGO NORTHERN CATSKILLS BOCES
RECORD DESTRUCTION AUTHORIZATION

In accordance with current schedules, the records listed below can be scheduled for destruction.

DEPARTMENT: **BUSINESS OFFICE - PAYROLL** DATE: **APRIL 29, 2009**

FOR PAPER RECORDS:

FORMAT: PAPER []

ELECTRONIC []

RECORD SERIES	DATES	ITEM #	RETENTION IN YEARS	EARLIEST DESTROY DATE	ELECTRONIC LOCATION
Purchase orders	2000	257	6	Jan. 2007	
Cancelled Checks	2000	110	6	Jan. 2007	

FOR ELECTRONIC RECORDS:

FORMAT: PAPER []

ELECTRONIC [X]

Purchase orders	2000	257	6	Jan. 2007	Server #2
Cancelled Checks	2000	110	6	Jan. 2007	Server #5
Deposit Slips	2001			Jan. 2007	Office PC & Server #2

AUTHORIZATION FOR DESTRUCTION

BOTH SIGNATURES ARE REQUIRED
FOR DESTRUCTION TO TAKE PLACE

Department Head/Designee

Date

Dr. Jennifer Bolton-Carls
Records Management Officer

Date

RECORDS CENTER USE ONLY

I HEREBY CERTIFY THAT I HAVE ON THIS
DATE OF _____
DESTROYED THE ABOVE LISTED RECORDS

RDA # -