| Standard For<br>Revised Novemb    |  |                                  | · ·                                   |  |  |
|-----------------------------------|--|----------------------------------|---------------------------------------|--|--|
| Prescribed by G<br>Administration | eneral Services <b>RECIEST FOR AITTHORITY</b>  |                                  | LEAVE B                               | VE BLANK                                     |  |
| GSA Reg. 3–IV–<br>115–102         |  | DATE RECEIVED                    | 1976                                  | JOB NO.                                      |  |
| 11:1-                             | (See Instructions on Reverse)  |                                  |                                       |  |  |
| TO: GENER                         | RAL SERVICES ADMINISTRATION,   | DATE APPROVED                    | NCI                                   | -47-76-22                                    |  |
|                                   | IONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON 25, D   |                                  |                                       |  |  |
| 1. FROM (AGEN                     | CY OR ESTABLISHMENT)   | NO1                              | IFICATION                             | TO AGENCY                                    |  |
| Departm                           | ent of Health, Education, and Welfare  |                                  |                                       | rovisions of 44 U.S.C.                       |  |
| 2. MAJOR SUBDI                    |  |                                  |                                       | st, including amend-<br>t for items that may |  |
| , <u>.</u>                        | Security Administration  | be stamped "di<br>"withdrawn" ir | sposal not                            | approved" or                                 |  |
| 3. MINOR SUBDI                    |  | withdrawn in                     |                                       |  |  |
|                                   | of Program Operations Son With WHOM TO CONFER 5. TEL. EXT.   | - 4-7-76                         | Jane                                  | ARKonde                                      |  |
|                                   | S. Yamamura 45770  | Date                             | Archivist                             | of the United States                         |  |
|                                   | OF AGENCY REPRESENTATIVE:  |                                  | · · · · · · · · · · · · · · · · · · · |  |  |
|                                   | ify that I am authorized to act for the head of this agency in matters pertaining to   | the disposal of records, a       | nd that the re                        | cords described in this list or              |  |
| chedule of                        | pages are proposed for disposal for the reason indicated: ("X" only one)   |                                  |                                       |  |  |
|                                   | cords have B The records will cease to have sufficient value   |                                  |                                       |  |  |
|                                   | b have suffi-<br>to warrant further retention on the expiration<br>of the period of time indicated or on the occur-<br>rence of the event specified, |                                  |                                       |  |  |
|                                   |  |                                  |                                       |  |  |
| 2/,/                              | 76 August & Share  | Davit                            | Rec.                                  | Title) Mgt. Offic                            |  |
| (Date)                            | (Bignature of Agency Representative)   | iveyan                           | (                                     | Title)                                       |  |
| 7.                                | 8. DESCRIPTION OF ITEM   |                                  | 9.                                    | 10.  |  |
| ITEM NO.                          | (WITH INCLUSIVE DATES OR RETENTION PERIODS)  |                                  | SAMPLE<br>JOB N                       | OR ACTION TAKEN                              |  |
|                                   |  | ·····                            | -                                     |  |  |
|                                   |  |                                  |                                       |  |  |
|                                   | Records Retention and Disposal Schedu  | le                               |                                       |  |  |
|                                   | Office of Program Operations   |                                  |                                       |  |  |
|                                   |  |                                  |                                       |  |  |
|                                   | REMITTANCE RECORDS <sup>1</sup>  |                                  |                                       |  |  |
|                                   |  |                                  |                                       |  |  |
|                                   | Records documenting the division, by State a   | and Federal                      |                                       |  |  |
|                                   | Government, of monies received by SSI benefi   |                                  |                                       |  |  |
|                                   | overpayments and refunded to SSA. Included   |                                  |                                       |  |  |
|                                   | SSA-124, Remittance Register, computer print   |                                  |                                       |  |  |
|                                   | and Treasury Form GFO-5504, Debit Voucher, w   |                                  |                                       |  |  |
|                                   | photocopies of cancelled checks. One copy (  |                                  |                                       |  |  |
|                                   | of form SSA-124 is retained for administrati<br>and one copy (yellow copy) forwarded for key   |                                  |                                       |  |  |
|                                   |  |                                  |                                       |  |  |
|                                   | into the Supplemental Security Record. One copy (pink<br>copy) with the supporting documentation of SSO6 and form                                    |                                  |                                       |  |  |
|                                   |  | ation from the                   |                                       |  |  |
|                                   | daily form SSA-124 is compiled in a monthly  |                                  | ļ                                     |  |  |
|                                   | submitted to Office of Management and Admini   |                                  | e                                     |  |  |
|                                   | monthly report lists total amount of funds of  |                                  |                                       |  |  |
|                                   | from the Federal Government.   | • .                              | 1                                     |  |  |
|                                   | 1 Audit Conv. of Form CCA_124 and Currentia  | ng Documentati                   |                                       |  |  |
|                                   | 1. Audit Copy of Form SSA-124 and Supportin  |                                  | <del>1</del>                          |  |  |
|                                   | Transfer to the SSA Holding Area at the  | close of the                     |                                       |  |  |
|                                   | fiscal year in which dated. Destroy after 3 years.   |                                  |                                       |  |  |
|                                   | or completion of HEW audit, whichever is   | s earlier.                       |                                       |  |  |
|                                   |  |                                  |                                       |  |  |
|                                   |  |                                  |                                       |  |  |
|                                   | Coord to Abour 1 4-13-71. M  |                                  |                                       |  |  |
|                                   | Four copies, including original, to be submitted to the National   | Erchives and Percente            |                                       | 16-59429-3 GPO                               |  |



| Job No. | Page | 2       |
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|         | 2    | _ pages |

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## **REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS-Continuation Sheet**

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| 7.<br>ITEM NO. | 8. DESCRIPTION OF ITEM<br>(WITH INCLUSIVE DATES OR RETENTION PERIODS)   | 9.<br>SAMPLE OR<br>JOB NO. | 10.<br>ACTION TAKEN |
|----------------|---|----------------------------|---------------------|
|                | <ol> <li>Input Copy         Destroy input copy (yellow copy) of form SSA-124 a related documents once input is accomplished and e resolved.     </li> </ol> | nd<br>dits                 |                     |
|                | <ol> <li>Administrative Copy</li> <li>Destroy additional copy (white copy) when<br/>administrative value ceases.</li> </ol>                                 |                            |                     |
|                | <ul> <li>4. <u>Monthly Report</u></li> <li>Destroy after 3 years.</li> </ul>  |                            |                     |
|                |   |                            |                     |
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