

INSTRUCTIONS: Complete one request per record schedule or series item. Record Coordinator/Record Liaison submits the completed form to the MRP-ITD Records Office Team via Records@usda.gov for review, decision, and coordination as appropriate.

NOTE: Federal records are not authorized for destruction until a record's disposition authority has been approved by NARA for implementation. Until an approval is obtained safeguard all records against accidental and intentional damage, loss, theft, destruction, and other compromises.

| | | |
|---|--|--|
| 1. PREPARER'S NAME <i>(Record Coordinator/Record Liaison)</i> | | 2. DATE |
| 3. REQUESTED ACTION <i>(Select One)</i> <input type="checkbox"/> Establish/New <input type="checkbox"/> Revise | 4. AGENCY RECORD GROUP <input type="checkbox"/> AMS (0136) <input type="checkbox"/> APHIS (0463) | 5. RECORD SCHEDULE APPLIES TO: <input type="checkbox"/> Agency-Wide <input type="checkbox"/> Program <input type="checkbox"/> Division |
| 6. MAJOR SUBDIVISION <i>(Program Name)</i> | | 7. MINOR SUBDIVISION <i>(Division Name)</i> |
| 8. SCHEDULE SUBJECT | | 9. INTERNAL AGENCY CONCURRENCES WILL BE PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 10. BACKGROUND INFORMATION <i>(Provide information on the record item(s) to be scheduled. Be as detailed as possible.)</i> | | |

11a. ITEM *(Identify the common name, term, or title used to identify the record's item or series. All acronyms should be spelled out and use short title after if applicable.)*

| | | |
|---|---|---|
| 11b. Is this item media neutral? <input type="checkbox"/> YES <input type="checkbox"/> NO | 11c. Do any of the records covered by this item currently exist in electronic format(s) other than e-mail and word processing? <input type="checkbox"/> YES <input type="checkbox"/> NO | 11d. Do any of the records covered by this item exist as structured electronic data? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|---|---|---|

12. ITEM DESCRIPTION *(Describe applicable and relevant items that comprise the record item or series content (file or folder), irrespective of format or media type. Spell out first and use acronyms or short titles in your description, including organizational names and information systems.)*

13. GENERAL RECORDS SCHEDULE (GRS) OR SUPERSEDED AUTHORITY CITATION.

This item supersedes Disposition Authority Number _____ Item Number _____

14. DISPOSITION *(Provide a proposed disposition for the retention period of the record item or series. (Choose only one))*

TEMPORARY *(Destroy/Delete)* - Complete page 2 **PERMANENT** *(Do Not Destroy/Delete)* - Complete page 3

| | |
|---|-------------------------------------|
| 15. APPROVING OFFICIAL | 16. APPROVING OFFICIAL TITLE |
| 17. APPROVING OFFICIAL SIGNATURE | 18. DATE |

RECORDS SCHEDULING REQUEST TEMPORARY RECORDS
Complete this page for each temporary record item.

19. CUT-OFF INSTRUCTIONS *(Specify Action (e.g., annually, when approved, when closed, fiscal year-end))*

20. TEMPORARY RETENTION PERIOD *(Select one)*

- Destroy immediately after _____
- Destroy _____ year(s) after _____
- Destroy _____ year(s) and _____ month(s) after _____
- Destroy when no longer needed
- Destroy between _____ year(s) and _____ year(s) after _____
- Destroy no sooner than _____ year(s) after _____ but longer retention is authorized
- Destroy no later than _____ year(s) after _____
- Destroy _____ year(s) after _____ or when _____ occurs, whichever is _____
- Destroy _____ year(s) after _____ or _____ year(s) after _____ occurs, whichever is _____
- Other

21. GAO APPROVAL *(Select one)*

- Not Required Required But Not Received Required and Received
-

22. REVISION NOTE

RECORDS SCHEDULING REQUEST PERMANENT RECORDS

Complete this page for each permanent record item.

23. PERMANENT RETENTION INSTRUCTIONS

If this item has multiple sections, indicate here records to which this section applies:

24. DISPOSITION INSTRUCTION/CUT-OFF INSTRUCTIONS

25. TRANSFER ELECTRONIC RECORDS TO THE NATIONAL ARCHIVES FOR PRE-ACCESSIONING

- Transfer electronic records to the National Archives for pre-accessioning immediately after _____
- Transfer electronic records to the National Archives for pre-accessioning _____ year(s) after _____

26. TRANSFER TO THE NATIONAL ARCHIVES FOR ACCESSIONING

- Transfer to the National Archives immediately after _____
- Transfer to the National Archives _____ year(s) after _____
- Transfer to the National Archives _____ year(s) and _____ month(s) after _____
- Transfer to the National Archives between _____ year(s) and _____ year(s) after _____
- Transfer to the National Archives in _____ year blocks _____ year(s) after _____
- Other

27. ADDITIONAL INFORMATION

First year of records accumulation:

End year of records accumulation:

- Records ceased accumulation in _____
- Records are still being accumulated

28. What will be the date span of the initial transfer of records to the National Archives?

- From _____ To _____
- Unknown:

29. How frequently will your agency transfer these records to the National Archives?

- Every _____
- Unknown:

30. Estimated Current Volume

Electronic/Digital: _____
Paper: _____ Cubic feet
Microform:
_____ Microfilm Rolls _____ Linear Feet of Microfiche
Hardcopy or Analog Special Media _____ Units _____

31. Annual Accumulation

Electronic/Digital: _____
Paper: _____ Cubic feet
Microform:
_____ Microfilm Rolls _____ Linear Feet of Microfiche
Hardcopy or Analog Special Media _____ Units _____

32. Revision Notes: