

Records Action Request: Addition or Amendment to Records Retention and Disposition Schedule

Submit to PHMC at RA-StateRecordsMgmt@pa.gov (if not inputting directly into the Enterprise Records Action System).
 Mandatory fields are indicated by a red asterisk*.

Section 1: Contact Information	
Department Code*	Organization Code (Bureau/SAP Cost Center Code, must be 10 digits) *
Agency*	
Bureau (no acronyms)*	Division (no acronyms)
Contact Person/Telephone*	Date
Section 2: Descriptive Information	
Authorization is requested for the following action: * <input type="checkbox"/> Add <input type="checkbox"/> Amend	Record Series Number (must be 8 digits. If a letter suffix is needed, you must enter 8 digits plus the letter suffix)*
Record Series Title*	
Record Series Description* <input type="checkbox"/> This is a new or amended description. NOTE: This field is mandatory for new record series items and for record series items with no existing description in ERMS. <input type="checkbox"/> This field is blank because accurate description already exists in ERMS	
Format (Check one)* <input type="checkbox"/> 1 – Paper (includes photographs (includes photo negatives) <input type="checkbox"/> A – Microfilm <input type="checkbox"/> B – Electronic <input type="checkbox"/> C – Portable Media (CDs, DVDs, tapes, etc.) <input type="checkbox"/> D – Cartographic <input type="checkbox"/> M – Multi-format (All items must have same retention in the same location)	Agency Retention* ____ Years ____ Months SRC Retention ____ Years ____ Months
Addendum (List any addendum to the retention, i.e. an event denoting when the retention begins.)	
Indicate any restrictions on access and use, including legal citations.	
Section 3: Disposition and Location	
Disposition Code (Check one)* <input type="checkbox"/> 1 – Routine <input type="checkbox"/> 2 – Archival Review <input type="checkbox"/> 3 – Special (Agency Retain only) <input type="checkbox"/> 5 – Agency Return (SRC Retain only) <input type="checkbox"/> 6 – Delete <input type="checkbox"/> 7 – Archives/Agency Review (100 year retention only)	

Location of Records	Type of Location Space (Check all that apply) <input type="checkbox"/> Agency Office <input type="checkbox"/> Agency Storage <input type="checkbox"/> SRC <input type="checkbox"/> Non-Agency Storage <input type="checkbox"/> Electronic-(See Section 6)
Inclusive Dates of Record Start _____ End _____	Arrangement <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological
Series Cut-Off <input type="checkbox"/> Calendar Year <input type="checkbox"/> Fiscal Year <input type="checkbox"/> Other	
Vital Records? <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency of Reference <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Less Frequent
Annual Accumulation (see instructions for measurements) <input type="checkbox"/> <10 CF or 10 GB Data <input type="checkbox"/> >10<50 CF or >10<50 GB Data <input type="checkbox"/> >50<100 CF or >50<100 GB Data <input type="checkbox"/> >100<300 CF or >100<300 GB Data <input type="checkbox"/> >300<500 CF or >300<500 GB Data <input type="checkbox"/> >500 CF or >300<500 GB Data	Current Volume (see instructions for measurements) Agency SRC <input type="checkbox"/> <10 CF or 10 GB Data <input type="checkbox"/> >10<50 CF or >10<50 GB Data <input type="checkbox"/> >50<100 CF or >50<100 GB Data <input type="checkbox"/> >100<300 CF or >100<300 GB Data <input type="checkbox"/> >300<500 CF or >300<500 GB Data <input type="checkbox"/> >500 CF or >300<500 GB Data
Audited? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Audited, By Whom?
Complete only if format is microfilm (See Format) Are original paper or electronic records destroyed or kept when film is produced? <input type="checkbox"/> Destroyed <input type="checkbox"/> Kept If kept, list the records series item number(s):	Complete only if format is microfilm (See Format) Are a master & duplicate copy of microfilm produced? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are the master and copy kept in different locations? <input type="checkbox"/> Yes <input type="checkbox"/> No
Section 4: Justification Analysis	
Retention Justification* For new record series, justify the retention period below OR if amending the series retention period, indicate current retention and justify change below:	
Legal Citation (If retention period is based on a legal requirement, provide the specific legal citation or regulation):	
Disposition Justification (required for disposal code 7 only) Justify the disposition. If amending the disposition code, indicate current code.	
Duplicates/Copies If a duplicate or other copies of this record series exists, is this series: <input type="checkbox"/> the official record copy <input type="checkbox"/> a security copy <input type="checkbox"/> a duplicate copy	

If other copies exist, list related series by their record series numbers:	
Indicate any restrictions on access and use including legal citation:	
Section 5: Exception from General Records Retention and Disposition Schedule (Complete only if requesting an exception from using a General Records Retention and Disposition Schedule)	
General Records Retention and Disposition Schedule record series number from which exception is sought:	
Reasons for exception request (check all that apply):	
<input type="checkbox"/> Document and maintain an essential program activity <input type="checkbox"/> Retain oversight and audit of an activity for a required period of time <input type="checkbox"/> Support oversight and audit of an activity for a required period of time <input type="checkbox"/> Fulfill legal requirements (Provide specific citation, regulation, law, etc.) <input type="checkbox"/> Permit appropriate public access <input type="checkbox"/> Accommodate frequency of reference <input type="checkbox"/> Manage volumes of records <input type="checkbox"/> Contains security issues such as classified and/or restricted records <input type="checkbox"/> Vital Record Security Copy <input type="checkbox"/> Other requirements not addressed above:	
Provide the specific business needs and/or operational requirements for the above checked items:	
Section 6: Electronic Records (Complete only if format is Electronic or Portable Media. See Format)	
IT CONTACT. Name Telephone	Application/System Title - Include System ID if applicable
Processing/Architectural Platform <input type="checkbox"/> Mainframe <input type="checkbox"/> Client Server <input type="checkbox"/> Desktop <input type="checkbox"/> Other (indicate)	
Data Source/ Data Platform <input type="checkbox"/> Same as Processing Platform <input type="checkbox"/> Oracle <input type="checkbox"/> SQL Server Other (Indicate) _____ <input type="checkbox"/> Desktop Suite (Word, Excel, PPT Microsoft Access)	
Input. How is the data collected and entered into the system? <input type="checkbox"/> By Paper <input type="checkbox"/> Physical Media <input type="checkbox"/> File Transfer Protocol <input type="checkbox"/> By Electronic Input <input type="checkbox"/> Electronic Filing	Is Input Retained? <input type="checkbox"/> Yes <input type="checkbox"/> No
If input is retained, list the records series item number(s).	
Output. Are outputs generated? <input type="checkbox"/> Electronic Output <input type="checkbox"/> Microfilm <input type="checkbox"/> Computer Output Microfilm (COM) <input type="checkbox"/> Paper <input type="checkbox"/> Other	
Is Output Retained?	If output is retained, list the record series item number(s).

<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will data be migrated when system is updated or changed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Active Storage <input type="checkbox"/> Shared Drive <input type="checkbox"/> Local Server <input type="checkbox"/> SAN <input type="checkbox"/> NAS <input type="checkbox"/> WORM <input type="checkbox"/> CD/DVD <input type="checkbox"/> Microfilm <input type="checkbox"/> Tape <input type="checkbox"/> Paper <input type="checkbox"/> Optical <input type="checkbox"/> Other	
Active Storage Location <input type="checkbox"/> Agency Operating Area (i.e. office, computer room, server farm) <input type="checkbox"/> OA Server Farm <input type="checkbox"/> Data Power House <input type="checkbox"/> Other Storage Area (i.e. off-site or tape file room)	
Inactive Storage <input type="checkbox"/> Shared Drive <input type="checkbox"/> Local Server <input type="checkbox"/> SAN <input type="checkbox"/> NAS <input type="checkbox"/> WORM <input type="checkbox"/> CD/DVD <input type="checkbox"/> Microfilm <input type="checkbox"/> Tape <input type="checkbox"/> Paper <input type="checkbox"/> Optical <input type="checkbox"/> Other	
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