

Records Action Deletions

INSTRUCTIONS: Submit one copy to the PHMC at RA-StateRecordsMgmt@pa.gov (if not inputting directly into the Enterprise Records Action System). Include justification(s) for records deletion.

| Contact Information | |
|----------------------------------------------|---|
| 1. Agency Name | |
| 2. Deputy/Bureau/Division Name (no acronyms) | |
| 3. Department/Bureau SAP Cost Center Code | / |
| 4. Contact Person/Telephone | / |
| 5. Date | |

Complete one entry for each deletion. Explain why item is to be deleted in the space below. See below for format and disposition codes.

| Type of Action | Record Series Number | Record Series Title | Format | Vital Record | Retention | | | | Disposition Code | Archives Code (PHMC Only) |
|----------------|----------------------|---------------------|--------|--------------|-----------|------|------|------|------------------|---------------------------|
| | | | | | Agency | | SRC | | | |
| | | | | | Yrs. | Mos. | Yrs. | Mos. | | |
| Delete | | | | | | | | | | |
| Justification: | | | | | | | | | | |
| Delete | | | | | | | | | | |
| Justification: | | | | | | | | | | |
| Delete | | | | | | | | | | |
| Justification: | | | | | | | | | | |
| Delete | | | | | | | | | | |
| Justification: | | | | | | | | | | |
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| Delete | | | | | | | | | | |
| Justification: | | | | | | | | | | |
| Delete | | | | | | | | | | |
| Justification: | | | | | | | | | | |

| Format Codes | | Disposal Codes | |
|--------------------|---------------------------------------------|----------------------|--------------------------------|
| 1 - Paper (photos) | C - Portable Media (CDs, DVDs, Tapes, etc.) | 1 - Routine Handling | 5- Return to Agency |
| A - Microfilm | D - Cartographic | 2 - Archival Review | 6 - Delete |
| B - Electronic | M- Multi-Format | 3 - Special Handling | 7 - Review - Agency & Archives |