

**REQUEST FOR APPROVAL OF RECORDS DISPOSITION SCHEDULE**

To: Board of Supervisors

The Board is requested to approve the attached Records Disposition Schedule(s). Approval constitutes continuing authority for the proper disposal of records.

DEPARTMENT:

Child Support Services

DIVISION/UNIT:

Child Support Services & Revenue Recovery Division

ADDRESS:

3057 Briw Rd, Suite B

SCHEDULE NUMBER(S):

**1. RECORDS MANAGEMENT STATEMENT**

I have examined the attached Schedule(s) for compliance with County standards and policies and conformance with accepted records management practices.

Signature:

Title:

SUPV IT ANALYST

Date:

4-12-11

**2. DEPARTMENT STATEMENT**

The attached Records Disposition Schedule(s) has/have been prepared after careful examination of all records with regard to operating, administrative, legal, fiscal, research, historical or archival value, as well as application of appropriate County, State and Federal rules, ordinances, regulations, and/or statutes governing records retention.

I hereby certify that I am the lawful head of this department or that I am authorized to act for the lawful head of this department in matters pertaining to disposal of records.

Signature:

Title: Laura D Roth, Director

Date:

4/12/11

**3. ARCHIVAL REVIEW**

As County Archivist, I have examined the Schedule(s) attached and have indicated those items which, in my judgment, have archival or research values and should be reviewed by my office before they are destroyed.

Signature:

Title:

SUPV IT ANALYST

Date:

4/12/11

**4. COUNTY COUNSEL REVIEW**

As County Counsel, I have reviewed the retention periods assigned to records on the attached Schedule(s) to determine their conformance with all applicable laws, rules, decisions, and general policy of the Board of Supervisors.

Signature:

Title:

Deputy County Counsel

Date:

8/30/11

**5. BOARD OF SUPERVISORS APPROVAL**

The attached Records Disposition Schedules are approved.

RESOLUTION NUMBER:

CLERK OF THE BOARD OF SUPERVISORS

Date: