

(1) DEPARTMENT*		(2) AGENCY BILLING CODE	IMS CODE	(3) PAGE _____ OF _____ PAGES
(4) DIVISION / BRANCH / SECTION		(5) ADDRESS		

CHECK THE APPROPRIATE BOX

(6) ☐ New schedule of records that have never been scheduled. *[Complete boxes (9)–(12)]*

(7) ☐ Revising a previous schedule. *[Complete boxes (9)–(16)] (A new approval number will be assigned.)*

(8) ☐ Amending some pages of a previous schedule. *[Complete boxes (13) - (16)] (The original approval number will remain in effect.)*

<b>NEW SCHEDULE INFORMATION</b> (If applicable)	(9) SCHEDULE NUMBER	(10) SCHEDULE DATE	(11) NUMBER OF PAGES	(12) CUBIC FEET <i>(Total Schedule)</i>
<b>PREVIOUS SCHEDULE INFORMATION</b> (If applicable)	(13) SCHEDULE NUMBER	(14) APPROVAL NUMBER	(15) APPROVAL DATE(S)	(16) PAGE NUMBER(S) REVISED

(17) FUNCTIONAL STATEMENT

PART I – AGENCY STATEMENTS

*As the program manager (or person authorized to sign for the program manager) directly responsible for the records listed on this records retention schedule, I certify that all records listed are necessary and that each retention period is correct. For revisions, all items on the previous schedule are included or accounted for on the recapitulation. Vital records identified by this schedule are protected. If protection is not currently provided but plans are underway, the details of such plans are shown in Column 48, Remarks.*

(18) SIGNATURE - MANAGER RESPONSIBLE FOR THE RECORDS	(19) TITLE	NAME - <i>(Printed or Typed)</i>	(20) PHONE NUMBER	(21) DATE SIGNED
--	------------	----------------------------------	-------------------	------------------

*In accordance with Government Code 12274, approval of this Records Retention Schedule by the Secretary of State is hereby requested. Retention periods shown have been established in accordance with the criteria set forth by Section 1667 of the State Administrative Manual.*

(22) SIGNATURE - RECORDS MANAGEMENT ANALYST	(23) CLASSIFICATION	(24) NAME - <i>(Printed or Typed)</i>	(25) PHONE NUMBER	(26) DATE SIGNED
---	---------------------	---------------------------------------	-------------------	------------------

PART II A – SECRETARY OF STATE APPROVAL *(Per Government Code Section 12272)*

(27) SIGNATURE - CalRIM CONSULTANT	NAME - <i>(Printed or Typed)</i>	(28) APPROVAL NUMBER	(29) APPROVAL DATE	(30) EXPIRATION DATE
------------------------------------	----------------------------------	----------------------	--------------------	----------------------

PART II B – ARCHIVAL SELECTION *(Per Government Code Section 12223)*

THE ATTACHED RECORDS RETENTION SCHEDULE:			FOR ARCHIVES' STAMP
(31) <input type="checkbox"/> Contains no material subject to further review by the California State Archives			
(32) <input type="checkbox"/> Contains material subject to archival review. Items stamped "NOTIFY ARCHIVES" may not be destroyed without clearance by the California State Archives. <i>(Per Section 1671 of the State Administrative Manual.)</i>			
(33) SIGNATURE - CHIEF OF ARCHIVES OR DESIGNATED REPRESENTATIVE	NAME - <i>(Printed or Typed)</i>	(34) DATE SIGNED	

*\*Department refers to any Agency, Department, Board, Commission, Office or Other*