# 1.0 Contact Information

|  |  |
| --- | --- |
| Division/Office: |  |
| Contact Person: |  | Phone: |  |
| Email: |  | Fax: |  |

# 2.0 Records Description

|  |  |
| --- | --- |
| Title: |  |
| Classification: |  |
| Description of Records Requiring Disposition:(Detailed List of Records to be Attached) |  |
| Date Range of Records Requiring Disposition:[ yyyy-mm-dd ] |  | to |  |
| Media Format and Quantity/Volume of Records Requiring Disposition: | Paper Records | Electronic Records | Other (Specify) |
|  |  |  |

# 3.0 Disposition

|  |  |  |  |
| --- | --- | --- | --- |
| Specify Associated Disposition Authority Numbers: | RRDS Number | GRC Approved RRDS Authorization Number | CRIMS Schedule Number |
|  |  |  |
| Disposition Action: |  \_\_\_ Destruction \_\_\_ Transfer to Provincial Archives  \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# 4.0 Internal Authorization

Authorization is hereby requested for the disposition of the above noted government records in accordance with approved Government Records Committee (GRC) disposition authorities (Attached).

It is further certified that the record series listed herein have:

|  |  |
| --- | --- |
| a) Exceeded their Respective Retention Period |  |
| Director, Information Management | Date (YYYY/MM/DD) |

To the best of my knowledge, these records are not involved in or subject to any:

|  |  |
| --- | --- |
| b) ATIPP Request or Appeal |  |
| ATIPP Coordinator | Date (YYYY/MM/DD) |
| c) Audit (if applicable) |  |
| Corporate/Financial Services | Date (YYYY/MM/DD) |
| d) Litigation |  |
| Legal Counsel | Date (YYYY/MM/DD) |
| e) Further Examination |  |
| Divisional Head  | Date (YYYY/MM/DD) |

# 5.0 Final Approval

**Disposition Approval:**

As the [Head of Public Body or Delegate Title], in accordance with the Management of Information Act, I grant my approval for the requested disposition of the records herein.

|  |  |
| --- | --- |
|  |  |
| [Add Title] (or Delegate) | Date (YYYY/MM/DD) |

**Disposition Not Approved:**

As the [Head of Public Body or Delegate Title], in accordance with the Management of Information Act, I grant my approval for the modified requested disposition of the records herein and acknowledge that the records herein are to be retained beyond the date indicated in the approved disposition authority:

|  |  |
| --- | --- |
| Explanation:(e.g., Legal Hold) |  |
| New Disposal Date: | [ Add Date (YYYY/MM/DD) ] |
|  |  |
| Authorizing Signature | Date (YYYY/MM/DD) |