# Memorandum

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| To: | Chair, Government Records Committee |
| CC: | [Departmental or other Public Body Manager responsible for IM][Deputy Minister, Chief Executive Officer or equivalent (if an Assistant Deputy Minister, Vice-President, or equivalent makes the submission)] |
| From: | [Deputy Minister, Chief Executive Officer, Assistant Deputy Minister, Vice President or equivalent ] |
| Date: | [month day, year] |
| Re: | Request for Approval of One Time Disposal (OTD) Submission |

The [Insert Department or other Public Body Name] requests the approval of the Government Records Committee (GRC) for a One Time Disposal Submission (OTD).

Records Series Title:

[Record Series Title]

Description:

[Add Description]

Responsibility for the development and implementation of a records and information management system, commonly referred to as an IM Program, has been assigned to [Insert Departmental or other Public Body Employee / Individual Name], the [Insert Position Title]. [Insert Departmental or Public Body Access to Information and Protection of Privacy (ATIPP) Coordinator Name], [Insert Position Title] is responsible for the implementation of ATIPP for the [Insert Department or other Public Body Name]. The [Insert Department or other Public Body Name] will notify the Government Records Committee in the event that there is a change in resources.

This OTD submission has been reviewed for legal, ATIPP, financial, audit and operational requirements.

Please forward inquiries related to the use of the attached OTD Submission to:

| **Director / Manager responsible for IM** | **ATIPP Coordinator** |
| --- | --- |
| [ Name ] | [ Name ] |
| [ Title ]  | [ Title ]  |
| [ Mailing Address ] | [ Mailing Address ] |
| [ Phone Number ] | [ Phone Number ] |
| [ Fax Number ] | [ Fax Number ] |
| [ Email Address ] | [ Email Address ] |

Sincerely,

[Signature Authorized Signing Officer

Deputy Minister, Chief Executive Officer, Assistant Deputy Minister, Vice-President, or equivalent]

|  |  |
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| Department or other Public Body: | [Department of other Public Body] |
| Name: | [Authorized Signing Officer Name] |
| Title: | [Title] |
| Date: | [yyyy-mm-dd] |