

WMO-RF2015

**SOUTHERN LEYTE STATE UNIVERSITY
RECORDS MANAGEMENT OFFICE**

REQUEST FORM

Name : _____
Department : _____
Date : _____

Request for:

<input type="checkbox"/> Authentication	_____ copies
<input type="checkbox"/> Clearance	_____ Faculty _____ Staff
<input type="checkbox"/> Mailing Services	__ LBC __ JRS __ Postal
<input type="checkbox"/> Record Copy	_____ _____
<input type="checkbox"/> Record Transfer	_____ _____
<input type="checkbox"/> Others, pls. specify	_____ _____ _____

Purpose/s:

APPROVED:

Official
 Personal
Fees, if applicable:
PnP _____

Administrative Officer V

Acknowledgement:

I hereby acknowledged receipt of requested service/s from the RMO.

Rate:
___ Very Satisfied
___ Satisfied
___ Not Satisfied

Requestor's Signature:

NATIONAL ARCHIVES OF THE PHILIPPINES Pambansang Sinupan ng Pilipinas RECORDS DISPOSITION SCHEDULE		1. AGENCY NAME:			
		2. ADDRESS:			
3. SCHEDULE NO.:		4. DATE PREPARED:			
5. ITEM NO.	6. RECORD SERIES TITLE AND DESCRIPTION	7. RETENTION PERIOD			8. REMARKS
		Active	Storage	Total	

10. Prepared by:

12. Recommending Approval:

 Name

 Position

 Chairman, Records Management Improvement Committee

11. Assisted by:

13. Approved:

 Name

 Position

 (Agency Head)

TO BE ACCOMPLISHED BY THE NATIONAL ARCHIVES OF THE PHILIPPINES

This Records Disposition Schedule

is being returned for improvement / correction

is being recommended for approval


 Chairperson
 Records Management Evaluation Committee

 Date

APPROVED:

 Executive Director

 Date

 SOUTHERN LEYTE STATE UNIVERSITY TRANSMITTAL AND RECEIPT OF NON-CURRENT RECORDS		Page ___ of ___ AUTHORITY NUMBER: _____		
DIVISION/DEPARTMENT:		ADDRESS:		
RECORDS CUSTODIAN: (Name and Signature)		TRANSFERRING OFFICIAL: (Name and Signature)		
Restriction Access to Records: (Please check box) <input type="checkbox"/> Restricted <input type="checkbox"/> No Restrictions		If Restricted, Indicate at least two (2) authorized personnel to access/retrieve records (Name and Position): 1. _____ 2. _____		
Amenable to any finding and/or discrepancies/inconsistencies in the listings, label, volume, physical state of the records transferred.				
BOX/FOLDER NUMBERS	RECORDS SERIES TITLE AND DESCRIPTION	INCLUSIVE DATES	VOLUME (in cu.m.)	DISPOSAL AUTHORITY
TO BE ACCOMPLISHED AT THE RECORDS & ARCHIVES CENTER				
RECEIVED BY:		POSITION:		DATE RECEIVED:

Southern Leyte State University		DIVISION/DEPARTMENT				ORGANIZATIONAL UNIT					
RECORDS INVENTORY AND APPRAISAL		ADDRESS				PERSON-IN-CHARGE OF FILES					DATE PREPARED
RECORDS SERIES TITLE & DESCRIPTION	PERIOD COVERED	VOLUME IN CUBIC METER	LOCATION OF RECORDS	FREQUENCY OF USE	DUPLICATION	TIME VALUE T/P	UTILITY VALUE Adm/F/L/Arc	RETENTION PERIOD			DISPOSITION PROVISION
								Active	Storage	Total	

TIME VALUE: T - Temporary P - Permanent
UTILITY VALUE: Adm - Administrative F - Fiscal L - Legal Arc- Archival

Prepared by:

Recommending Approval:

Approved by:

Records Clerk

Unit Head

VP for Admin & Finance

NATIONAL ARCHIVES OF THE PHILIPPINES Pambansang Sinupan ng Pilipinas		AGENCY NAME:		
REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS		ADDRESS:		
DATE:		TELEPHONE NUMBER:		
ITEM NO.	RECORD SERIES TITLE AND DESCRIPTION	Vol/ Cu.m.	PERIOD COVERED	RETENTION PERIOD AND PROVISION/S COMPLIED (If any)
LOCATION OF RECORDS:		VOLUME IN CUBIC METER:		
PREPARED BY: (Name & Signature)		POSITION:		
CERTIFIED AND APPROVED BY:				
This is to certify that the above mentioned records are no longer needed and not involved nor connected in any administrative or judicial cases.				
<hr/> Name and Signature of Agency Head or Duly Authorized Representative				