

REQUEST FOR RECORDS DISPOSITION AUTHORITY (See Instructions on reverse)		LEAVE BLANK (NARA use only)	
TO: NATIONAL ARCHIVES and RECORDS ADMINISTRATION (NIR) WASHINGTON, DC 20408		JOB NUMBER NI-235-93-1	DATE RECEIVED 10-18-93
1. FROM (Agency or establishment) DEPARTMENT OF HEALTH AND HUMAN SERVICES		NOTIFICATION TO AGENCY	
2. MAJOR SUBDIVISION OFFICE OF THE SECRETARY		In accordance with the provisions of 44 U.S.C. 3303a the disposition request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10.	
3. MINOR SUBDIVISION ASMB / ASC / OSO / OMB			
4. NAME OF PERSON WITH WHOM TO CONFER Thomas Trudeau	5. TELEPHONE 202-205-8750	DATE 5-20-94	ARCHIVIST OF THE UNITED STATES Cindy Hudak-Peter

6. AGENCY CERTIFICATION
 I hereby certify that I am authorized to act for this agency in matters pertaining to the disposition of its records and that the records proposed for disposal on the attached NA page(s) are not now needed for the business of this agency or will not be needed after the retention periods specified; and that written concurrence from the General Accounting Office, under the provisions of Title 8 of the GAO Manual for Guidance of Federal Agencies,

is not required; is attached; or has been requested.

DATE 09/30/93	SIGNATURE OF AGENCY REPRESENTATIVE <i>A. Prentice Barnes, Sr.</i> A. Prentice Barnes, Sr.	TITLE DHHS Records Management Officer
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7. ITEM NO.	8. DESCRIPTION OF ITEM AND PROPOSED DISPOSITION	9. GRS OR SUPERSEDED JOB CITATION	10. ACTION TAKEN (NARA USE ONLY)
	<p>Completed Job Satisfaction Survey Forms, 1971 (WNRC Accession No. 235-72A6296). These records consist solely of completed survey questionnaires dated from 1971. The respondents were both male and female OS employees. The thrust of the survey was to determine employee attitudes about working for the Department.</p> <p>Closed Series: 14 cu. ft.</p> <p>Disposition: Destroy immediately.</p> <p><i>Copies sent to NCF, to Agency 5/26/94</i></p>		