REQUEST FOR RECORDS DISPOSITION AUTHORITY
(See Instructions on reverse)

TO: GENERAL SERVICES ADMINISTRATION,
NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, DC 20408

1. FROM (AGENCY OR ESTABLISHMENT)
   Department of Health, Education, & Welfare

2. MAJOR SUBDIVISION
   Office of the Secretary

3. MINOR SUBDIVISION
   HEW Audit Agency

4. NAME OF PERSON WITH WHOM TO CONFER
   Abel Carder

5. TEL. EXT.
   245-9080

6. CERTIFICATE OF AGENCY REPRESENTATIVE
   I hereby certify that I am authorized to act for this agency in matters pertaining to the disposal of the agency's records; that the records proposed for disposal in this Request of ___ page(s) are not now needed for the business of this agency or will not be needed after the retention periods specified.

   □ A Request for immediate disposal.
   ✗ B Request for disposal after a specified period of time or request for permanent retention.

7. DATE
   7/13/79

8. DESCRIPTION OF ITEM
   (With Inclusive Dates or Retention Periods)

   1. Project Match Case Files
      Documentation pertaining to Project Match in which DHEW matched Federal and welfare payrolls to identify Federal employees who receive illegally payments under the Aid-to Families-with Dependent-Children program. Included in these files are worksheets, certificates of overpayment, pay data, and related papers. Arranged by State and thereunder by Social Security number.

      Disposition: Cutoff at close of the FY in which case is closed and transfer to WNRC. Destroy five (5) years after the close of the FY in which closed.

STANDARD FORM 115
Revised April 1975
Prescribed by General Services Administration