

REQUEST FOR RECORDS DISPOSITION AUTHORITY
(see instructions on reverse)

TO: NATIONAL ARCHIVES and RECORDS ADMINISTRATION (NIR)
WASHINGTON, DC 20408

1. FROM (Agency or establishment)
BUREAU OF THE PUBLIC DEBT

2. MAJOR SUBDIVISION
OFFICE OF FINANCING

3. MINOR SUBDIVISION

4. NAME OF PERSON WITH WHOM TO CONFER
ROBERT KONZ

5. TELEPHONE
(304) 480-6601

DO NOT WRITE IN THESE SPACES (NARA use only)

JOB NUMBER
NI-53-00-2

DATE RECEIVED
1.31.00

NOTIFICATION TO AGENCY

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request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column

DATE 6-14-00 ARCHIVIST OF THE UNITED STATES *[Signature]*

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 1 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: 1/25/00 SIGNATURE OF AGENCY REPRESENTATIVE: *Luckie S. Thorpe* TITLE: *Records Officer*

7. ITEM NO	8. DESCRIPTION OF ITEM AND PROPOSED DISPOSITION.	9. GRS OR SUPERSEDED JOB CITATION	10. ACTION TAKEN (NARA USE ONLY)
	<p align="center">SEE THE ATTACHED SHEETS</p> <p align="center"><i>Agency, records</i></p>		

7. ITEM NO	8. DESCRIPTION OF ITEM AND PROPOSED DISPOSITION.	9. GRADE OR SUPERSEDED JOB CITATION	10. ACTION TAKEN (NARA USE ONLY)
N1-53-00-02-0001	<p>Title EMPLOYEE EXIT CLEARANCE- EMPLOYEE INFORMATION COMPLETED FOR</p> <p>Title Memo: THIS IS FOR ALL EMPLOYEES PRIOR TO LEAVING THE BUREAU IN WASHINGTON, DC. THIS IS A FORM THAT SPECIFIC OFFICES SIGN AND STATES THAT THE EMPLOYEE IS SEPARATING FROM THE BUREAU. THESE OFFICES ARE TO CONFIRM THAT THEY HAVE RECEIVED ALL NEEDED DOCUMENTATION FROM THIS EMPLOYEE.</p> <p>Form Num: PD F 5195 Form Series: F COPY Restrictions: NO</p> <p>Computer System: Cost Code: 400 Vital Record: <input type="checkbox"/></p> <p>Retention Years: 0 Retention Months: 3</p> <p>Retention Description: CUT OFF FILE EACH CALENDAR QUARTERLY. DESTROY 3 MONTHS AFTER CUT-OFF.</p>		