

REQUEST FOR RECORDS DISPOSITION AUTHORITY
(See Instructions on reverse)

LEAVE BLANK

JOB NO

N1-28-87-1

DATE RECEIVED

1-8-87

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

NOTIFICATION TO AGENCY

1 FROM *(Agency or establishment)*

United States Postal Service

2 MAJOR SUBDIVISION

3 MINOR SUBDIVISION

In accordance with the provisions of 44 U.S.C. 3303a the disposal request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10. If no records are proposed for disposal, the signature of the Archivist is not required.

4 NAME OF PERSON WITH WHOM TO CONFER

Rubenia Carter

5 TELEPHONE EXT

268-4872

DATE

2-20-87

ARCHIVIST OF THE UNITED STATES

Signature of the Archivist not required for disposition of non-Federal records

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, and that written concurrence from the General Accounting Office, if required under the provisions of Title 8 of the GAO Manual for Guidance of Federal Agencies, is attached

A GAO concurrence is attached, or is unnecessary

B DATE	C SIGNATURE OF AGENCY REPRESENTATIVE	D TITLE
<i>12/17/86</i>	<i>R. Seely</i>	USPS Records Officer

7 ITEM NO	8 DESCRIPTION OF ITEM <i>(With Inclusive Dates or Retention Periods)</i>	9 GRS OR SUPERSEDED JOB CITATION	10 ACTION TAKEN <i>(NARS USE ONLY)</i>
	See attached page.		<i>1 item</i>

115-108 *2/25/87, USPS NCF*

DIR425CO
REPORT NO. 15

DIRECTORY OF INFORMATION RESOURCES
RECORDS AND INFORMATION MANAGEMENT SYSTEM
SF 115 REPORT

PAGE 001 RUN DATE 12/12/86

Item 1.

~~CONTROL NUMBER: EOBX. 12.01~~

RECORDS SERIES NAME EMPLOYEE MEDICAL FOLDER (EMF) -
EMPLOYEES LEAVING FEDERAL CIVILIAN
SERVICE

DESCRIPTION: CONSIST OF INFORMATION ON AN EMPLOYEE'S MEDICAL HISTORY INCLUDING PHYSICAL
EXAMS, TREATMENT AT HEALTH UNIT, OCCUPATIONAL INJURIES OR ILLNESSES,
CORRESPONDENCE, DOCTORS' STATEMENTS & RECOMMENDATIONS, OWCP REFERRALS,
MEDICAL FORMS & RECORDS OF IMMUNIZATIONS.

MAINTENANCE, TRANSFER AND DISPOSAL INSTRUCTIONS

FILING ALPHABETICALLY, BY EMPLOYEE'S LAST NAME.

CUT OFF CUT OFF FOLDER UPON EMPLOYEE'S
SEPARATION FROM FEDERAL SERVICE.

STORAGE

DISPOSAL TRANSFER TO NPRC WITH EMPLOYEE'S OPF
DISPOSE OF 30 YEARS FROM DATE OF
EMPLOYEE'S SEPARATION.

REPLACES NARA JOB NUMBER N1-28-86-2/36C