

**REQUEST FOR AUTHORITY
 TO DISPOSE OF RECORDS**

(See Instructions on Reverse)

47

TO: **GENERAL SERVICES ADMINISTRATION,
 NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, D.C. 20408**

LEAVE BLANK	
DATE RECEIVED AUG 12 1975	JOB NO.
DATE APPROVED	NC - 47-76-8

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

2. MAJOR SUBDIVISION
Social Security Administration

3. MINOR SUBDIVISION
Office of Management and Administration

4. NAME OF PERSON WITH WHOM TO CONFER
George S. Yamamura

5. TEL. EXT.
45770

NOTIFICATION TO AGENCY

In accordance with the provisions of 44 U.S.C. 3503a the disposal request, including amendments, is approved except for items that may be stamped "disposal not approved" or "withdrawn" in column 10.

8-28-75 James E. O'Keefe
 Date Victory Archivist of the United States

6. CERTIFICATE OF AGENCY REPRESENTATIVE:

I hereby certify that I am authorized to act for the head of this agency in matters pertaining to the disposal of records, and that the records described in this list or schedule of _____ pages are proposed for disposal for the reason indicated: ("X" only one)

- A** The records have ceased to have sufficient value to warrant further retention.
- B** The records will cease to have sufficient value to warrant further retention on the expiration of the period of time indicated or on the occurrence of the event specified.

7/28/75
 (Date)

George S. Yamamura
 (Signature of Agency Representative)

SSA Records Officer
 (Title)

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
I.	<p style="text-align: center;"><u>Records Retention and Disposal Schedule</u> <u>Equal Employment Opportunity Files</u></p> <p><u>EMPLOYEE HOUSING REQUESTS</u></p> <p>Form SSA-2316, Employee Housing Request, or its equivalent. These forms are completed by Social Security Administration employees to request assistance in renting or purchasing housing or in resolving a particular housing problem (eviction, discrimination complaint, grievance against lessor, etc.). The form gives the employee's name, address, phone number, work location, and grade. It also serves as a record of assistance given to the employee.</p> <p>Destroy 1 year following the date of the request.</p>		

Copy to Agency 9-2-75 SW