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)  
HHS

2 MAJOR SUBDIVISION  
SSA

3 MINOR SUBDIVISION  
Office of Management, Budget, and Personnel

4 NAME OF PERSON WITH WHOM TO CONFER  
Ernest P. Lardieri  
TEL EXT 594-5770

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

C DATE  
2/15/83

D SIGNATURE OF AGENCY REPRESENTATIVE  
Dr. George E. Deal

E TITLE  
Department Records Management Officer

8. DESCRIPTION OF ITEM  
(With Inclusive Dates or Retention Periods)  
Office of Management, Budget, and Personnel  
Office of Material Resources  
Update Summary Report  
A report which identifies any or all possible transactions against a supply item, e.g., order, receipt, issue, etc., during a processing group.

Disposition:  
Destroy 1 year after issuance date.

Mass data change sheet not required.

Copy to agency, 3-11-83.