# Records Schedule Development Worksheet

*Use this worksheet to capture the information you will need to finalize and submit your schedule.*

| **Field** | **Schedule Information** |
| --- | --- |
| **Agency or Establishment** |  |
| **Records Schedule applies to** |  |
| **Schedule Subject**  *(A short title for the schedule.)* |  |
| **Internal agency concurrences**  *(Note how you are documenting the internal schedule review and approval process*) |  |
| **Background Information**  *(Note any background information relevant to the schedule, such as information about the mission of the offices using the schedule or any underlying statutes and regulations related to the schedule.)* |  |
| **Overview Title and Description**  *(An Overview is an optional, descriptive heading with information used to group related items under that heading. Do not use if documenting a single item.)* |  |
| **Item Title**  *(A name clearly representing the records being described by the schedule. The title should be meaningful to agency personnel.)* |  |
| **Item Description**  *(Include clear, concise information about the record content and the function for which the records are used.)* |  |
| **Final Disposition**  *(Indicate whether you are proposing the records as Temporary or Permanent.)* |  |
| **Is this item media neutral?**  *(If records being scheduled are media-specific, indicate “No.”)* |  |
| **Do any of the records covered by this item currently exist in electronic format(s) other than email and word processing?**  *(If the files exist in electronic formats other than email and word processing, indicate “Yes.”)* |  |
| **Do any of the records covered by this item exist as structured electronic data?**  *(If the records exist as a database or fielded data, indicate “Yes.”)* |  |
| **Manual Citation Information**  *(Enter the agency records disposition manual title and citation information. (Optional))* |  |
| **GRS or Superseded Authority Citation**  *(Use only if requesting an exception to the retention specified in the GRS or superseding an existing, approved agency schedule.)* |  |
| **Disposition Instructions: Cutoff**  *(Include the cutoff, such as calendar year, fiscal year, etc.)* |  |
| **Disposition Instructions: Transfer to Inactive Storage**  *(Include information about when and where you are sending the records for inactive storage.)* |  |
| **Retention Period**  *(The length of time before temporary records are to be destroyed or permanent records are to be transferred to the National Archives.)* |  |
| **Temporary Records: GAO Approval**  *(Indicate whether GAO approval is needed for this item)* |  |
| **Permanent Records: Date span of initial transfer of records to the National Archives.** |  |
| **Permanent Records: How frequently will your agency transfer these records to the National Archives?** |  |
| **Permanent Records: Estimated current volume and annual accumulation.** |  |
| **Other information or notes for this schedule.** |  |

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