

DEPARTMENT OF GENERAL SERVICES  
 RECORDS MANAGEMENT DIVISION  
 RECORDS RETENTION AND DISPOSAL SCHEDULE

Schedule No. 2022  
 Page 1 of 2

Salisbury State University		Division/Unit: Payroll
Item No.	Description	Retention
1.	<b>General Files</b> (Alpha, Subject, Administrative and Chronological Correspondence) Includes internal and external correspondence, original incoming and outgoing correspondence, reports, memoranda, statistics, proposed programs, minutes, policy and procedure statements, special projects, work orders, request for duplicate W-2 forms, request for lost checks, and substantive data concerning the operation of the Payroll Office	Screen annually and destroy that material for which no further reference is required. Remaining material having continuing administrative or legal value related to the development of the agency to be microfilmed or kept in paper by the Payroll Office for 25-year retention, then destroy. (Material having historical value to be sent to the Records Archives at the institution for permanent retention).
2.	<b>Payroll Accounting Records:</b> Payroll and Check Register Payroll Exceptions Time Report Payroll Warrants <b>Payroll Records:</b> Contractual 311 forms Contractual authorizations Contractual overload contracts and Personal Services Agreements Contractual time sheets Journals Return check file	Retain for 3 years and until all audit requirements have been fulfilled, then destroy.
3.	<b>Payroll Reports:</b> Regular & Contractual Payroll audit trails Regular & Contractual Payroll Employee year to date report	Retain 3 years and until all audit requirements have been fulfilled, then destroy. Retain final year end report for 3 years and until all audit requirements have been fulfilled, then destroy.
4.	<b>Other Work Orders</b>	Retain in Payroll Office for 3 years (if generated by this office), then destroy.

Approved by Department, Agency, or Division Representative.  Date: <u>7/31/98</u> Signature: <u><i>Kathleen Rodkey</i></u> Type Name: <u>Kathleen Rodkey</u> Title: <u>Records Specialist</u>	Schedule Authorized by State Archivist.  Date: <u>AUG 24 1998</u> Signature: <u><i>Edward C. Saperstein</i></u>
--	--

\*Until audit requirements are met means three years for state related documents, three years for non-monetary federal related documents, three years for monetary federal related documents under \$25,000, and 6 years, 3 months for monetary federal related documents over \$25,000.

\* If Salisbury State University archives are not available, material having permanent retention will be transferred to the Maryland State Archives in Annapolis and material having limited retention (i.e. 25 years) will be transferred to the State Records Center in Jessup.

**I have read this schedule and it is complete and correct to the best of my knowledge.**

Paul Bradshaw  
Signature

Assoc Dir of Bus & Fin Affs  
Position

5/7/97  
Date

# Agency Records Inventory

INSTRUCTIONS: PLEASE TYPE OR PRINT A SEPARATE FORM FOR EACH NEW OR REVISED RECORD SERIES. FORWARD WITH RECORDS RETENTION SCHEDULE

<b>1. DEPARTMENT/AGENCY</b> Salisbury State University	<b>2. DIVISION</b> Business and Finance	<b>3. UNIT</b> Payroll
<b>DEFINITION - Record Series -</b> A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.		
<b>4. Record Series Title:</b> General Files	<b>5. Earliest Year/Latest Year</b> <u>1993</u> to <u>1996</u>	
<b>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</b>  Internal and external correspondence, original incoming and outgoing correspondence, reports, memoranda, statistics, proposed programs, minutes, etc.		
<b>7. Record Series Format(s)</b> <input checked="" type="checkbox"/> Letter size <input type="checkbox"/> Microfilm <input checked="" type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____	<b>8. Record Series Sequence</b> <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____	<b>9. Volume</b> <input checked="" type="checkbox"/> File Drawer <input type="checkbox"/> Microfilm reel (s) <input type="checkbox"/> Computer Tape (s) <input type="checkbox"/> Other (specify) _____  <b>10. Annual Accumulation</b> 3 <input checked="" type="checkbox"/> File Drawer <input type="checkbox"/> Microfilm reel (s) <input type="checkbox"/> Computer Tape <input type="checkbox"/> Other (specify) _____
<b>11. File is used</b> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly	<b>12. File becomes inactive after</b> <u>1</u> <input type="checkbox"/> Month (s) <input checked="" type="checkbox"/> Year (s) (see 18) <small>number</small>	
<b>13. Current Location (Building, Floor, Room)</b>	<b>14. Is record series duplicated elsewhere?</b> (If yes, specify agency of office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>15. Access Restrictions</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if yes, cite law(s) and regulation(s))	<b>16. Audit Requirements</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent	
<b>17. Is an index system used?</b> (If yes, explain briefly and describe any hardware/software) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>18. Recommended Retention</b> Screen annually. Historical material to be saved permanently in archives. Admin. and legal material to be saved for 25 years, then destroy.	
<b>19. Name and Title of Preparer</b> <i>Walter J. Jones</i>	<b>20. Telephone Number</b> 410-543-6046	<b>21. Date</b> 8/6/96

# Agency Records Inventory

INSTRUCTIONS: PLEASE TYPE OR PRINT A SEPARATE FORM FOR EACH NEW OR REVISED RECORD SERIES. FORWARD WITH RECORDS RETENTION SCHEDULE

<b>1. DEPARTMENT/AGENCY</b> Salisbury State University	<b>2. DIVISION</b> Business and Finance	<b>3. UNIT</b> Payroll
<b>DEFINITION - Record Series -</b> A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.		
<b>4. Record Series Title:</b> Payroll Accounting Records	<b>5. Earliest Year/Latest Year</b> <u>1993</u> to <u>1996</u>	
<b>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</b> PTR's                      timesheet (contractual) ETR's		
<b>7. Record Series Format(s)</b> <input type="checkbox"/> Letter size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input checked="" type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____	<b>8. Record Series Sequence</b> <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____	<b>9. Volume</b> <input checked="" type="checkbox"/> File Drawer <input type="checkbox"/> Microfilm reel (s) <input type="checkbox"/> Computer Tape (s) <input type="checkbox"/> Other (specify) _____ <b>10. Annual Accumulation</b> $\frac{1}{3}$ <input checked="" type="checkbox"/> File Drawer <input type="checkbox"/> Microfilm reel (s) <input type="checkbox"/> Computer Tape <input type="checkbox"/> Other (specify) _____
<b>11. File is used</b> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly	<b>12. File becomes inactive after</b> <u>3</u> <input type="checkbox"/> Month (s) <input checked="" type="checkbox"/> Year (s) <small>number</small>	
<b>13. Current Location (Building, Floor, Room)</b>	<b>14. Is record series duplicated elsewhere?</b> (If yes, specify agency of office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>15. Access Restrictions</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if yes, cite law(s) and regulation(s))	<b>16. Audit Requirements</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent	
<b>17. Is an index system used?</b> (If yes, explain briefly and describe any hardware/software) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>18. Recommended Retention</b> 3 years and until audit requirements have been met, then destroy.	
<b>19. Name and Title of Preparer</b> Charlotte Baran	<b>20. Telephone Number</b> 410-543-6046	<b>21. Date</b> 8/6/96

# Agency Records Inventory

INSTRUCTIONS: PLEASE TYPE OR PRINT A SEPARATE FORM FOR EACH NEW OR REVISED RECORD SERIES. FORWARD WITH RECORDS RETENTION SCHEDULE

<b>1. DEPARTMENT/AGENCY</b> Salisbury State University	<b>2. DIVISION</b> Business and Finance	<b>3. UNIT</b> Payroll
<b>DEFINITION - Record Series -</b> A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.		
<b>4. Record Series Title:</b> Payroll Reports	<b>5. Earliest Year/Latest Year</b> <u>1993</u> to <u>1996</u>	
<b>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</b> Audit trails Check Registers Year-to-Date Reports		
<b>7. Record Series Format(s)</b> <input type="checkbox"/> Letter size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input checked="" type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify)	<b>8. Record Series Sequence</b> <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify)	<b>9. Volume</b> <input checked="" type="checkbox"/> File Drawer <input type="checkbox"/> Microfilm reel (s) <input type="checkbox"/> Computer Tape (s) <input type="checkbox"/> Other (specify)  <b>10. Annual Accumulation</b> $\frac{1}{3}$ <input checked="" type="checkbox"/> File Drawer <input type="checkbox"/> Microfilm reel (s) <input type="checkbox"/> Computer Tape <input type="checkbox"/> Other (specify)
<b>11. File is used</b> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly	<b>12. File becomes inactive after</b> <u>3</u> <input type="checkbox"/> Month (s) <input checked="" type="checkbox"/> Year (s) <small>number</small>	
<b>13. Current Location (Building, Floor, Room)</b>	<b>14. Is record series duplicated elsewhere?</b> (If yes, specify agency of office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>15. Access Restrictions</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if yes, cite law(s) and regulation(s))	<b>16. Audit Requirements</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent	
<b>17. Is an index system used?</b> (If yes, explain briefly and describe any hardware/software) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>18. Recommended Retention</b> Three years until audit requirements are met, then destroy.	
<b>19. Name and Title of Preparer</b> Charlotte Ganan	<b>20. Telephone Number</b> 410-543-6046	<b>21. Date</b> 8/16/96

# Agency Records Inventory

INSTRUCTIONS: PLEASE TYPE OR PRINT A SEPARATE FORM FOR EACH NEW OR REVISED RECORD SERIES. FORWARD WITH RECORDS RETENTION SCHEDULE

<b>1. DEPARTMENT/AGENCY</b> Salisbury State University	<b>2. DIVISION</b> Business and Finance	<b>3. UNIT</b> Payroll
<b>DEFINITION - Record Series -</b> A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.		
<b>4. Record Series Title:</b> Work Orders	<b>5. Earliest Year/Latest Year</b> <u>1995</u> to <u>1996</u>	
<b>6. Record Series Description</b> (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)  _____  _____		
<b>7. Record Series Format(s)</b> <input checked="" type="checkbox"/> Letter size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____ _____ _____	<b>8. Record Series Sequence</b> <input type="checkbox"/> Alphabetical <input checked="" type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____ _____ _____	<b>9. Volume</b> <input checked="" type="checkbox"/> File Drawer <input type="checkbox"/> Microfilm reel (s) <input type="checkbox"/> Computer Tape (s) <input type="checkbox"/> Other (specify) _____ <b>10. Annual Accumulation</b> 1/3 <input checked="" type="checkbox"/> File Drawer <input type="checkbox"/> Microfilm reel (s) <input type="checkbox"/> Computer Tape <input type="checkbox"/> Other (specify) _____
<b>11. File is used</b> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly or less	<b>12. File becomes inactive after</b> <u>3</u> <input type="checkbox"/> Month (s) <input checked="" type="checkbox"/> Year (s) <small>number</small>	
<b>13. Current Location</b> (Building, Floor, Room)	<b>14. Is record series duplicated elsewhere?</b> (If yes, specify agency of office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>15. Access Restrictions</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if yes, cite law(s) and regulation(s))	<b>16. Audit Requirements</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent	
<b>17. Is an index system used?</b> (If yes, explain briefly and describe any hardware/software) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>18. Recommended Retention</b> Three years until audit requirements are met.	
<b>19. Name and Title of Preparer</b> Charlotte Garne	<b>20. Telephone Number</b> 410-543-6046	<b>21. Date</b> 8/6/96