

## RECORDS RETENTION AND DISPOSAL SCHEDULE

## DEPARTMENT OF HEALTH &amp; MENTAL HYGIENE

Operations

Office of Human Resources

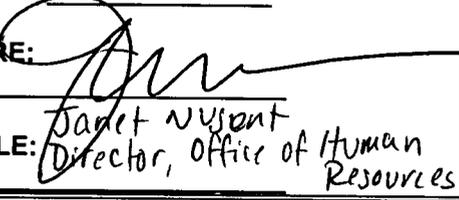
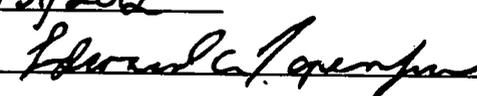
SECRETARIAT

OFFICE / ADMINISTRATION / BOARD

Item No.	Description of Records Series (from Inventory Form) <b>Supersedes schedules 917, 930 (item 1D) &amp; 1690</b>	Authorized Retention Period & Instructions
1.	<b>Personnel files for inactive employees</b> contain all standard personnel forms and data accumulated over a period of employment. The file generally includes documents relating to initial appointment, performance during employment, payroll, leave and benefit, and information relating to termination of employment through resignation, retirement, transfer or other removal.	Retain for three (3) years after termination of employment, then retain in State Records Center for two (2) years and then destroy.
2.	<b>Medical files</b> contain all pertinent employee medical information such as Employee Assistant Program, Accident Leave, Injured Workers Insurance Fund, referral to State Medical Director and results, Family and Medical Leave Act, application for disability retirement, leave bank, and other related documentation.	Retain for two (2) years after termination of employment, then retain in State Records Center for three (3) years and then destroy.
3.	<b>Recruitment and testing files</b> include recruitment activities such as eligibility criteria, testing information, employment applications, rating sheets to evaluate education and experience, job announcements, selection information, position selection plans, panel notes and evaluation criteria, inactive applications, etc.	Retain for two (2) years after recruitment closes then retain in State Records Center for one (1) year and then destroy.
4.	<b>Grievance files</b> contain records pertaining to first, second or third step grievances filed by DHMH employees. Records may include grievance forms, documentary evidence, decisions, and correspondence.	Retain for five (5) years after the grievance process has been completed, then destroy.
5.	<b>Training and tuition reimbursement files</b> includes outservice training and tuition reimbursement files for DHMH employees and may include applications, obligated service agreements, work release forms, invoices, and career development plans.	Retain for two (2) years after completion of training or obligated service, whichever is longer, then destroy.
6.	<b>Time and payroll accounting records</b> includes payroll exception time reports, payroll positive time reports, payroll accounting records, overtime reports, biweekly timesheets, leave registers, etc.	Retain for five (5) years and until all audit requirements have been fulfilled, then destroy.
7.	<b>Special Payments Payroll Contracts</b> include all records pertaining to DHMH contractual employment.	Retain for two (2) years after termination of employment, retain in State Records Center for three (3) years, then destroy.

APPROVED BY: (DHMH Official)

AUTHORIZED BY: (MD STATE ARCHIVES)

DATE: 7-2-12DATE: 7/31/2012SIGNATURE: SIGNATURE: NAME/TITLE: Janet Nysant  
Director, Office of Human ResourcesNAME/TITLE: EDWARD C PAPERFUSE, JR., STATE ARCHIVIST

<p><b>DHMH Instructions</b> -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>	<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>	<p><b>DHMH RECORDS INVENTORY</b></p> <p>PAGE <u>  1  </u> OF <u>  7  </u></p>																		
<p>1. Department/Agency <b>MD DEPT OF HEALTH &amp; MENTAL HYGIENE</b></p>	<p>2. Office/Administration/Board <b>OFFICE OF HUMAN RESOURCES</b></p>	<p>3. Division/Unit or Section</p>																		
<p><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.</p>																				
<p>4. Record Series Title 1. Personnel Files for inactive employees</p>	<p>5. Earliest Year/Latest Year _____ to _____</p>																			
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p><b>All standard personnel forms and data accumulated over a period of employment, documents relating to initial employment, performance during employment, payroll, leave and benefit, and information relating to termination.</b></p>																				
<p>7. Record Series Format(s) List all</p> <table style="width:100%; border: none;"> <tr> <td style="border: none;">Paper:</td> <td style="border: none;">Film / tape:</td> <td style="border: none;">Electronic:</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Letter Size</td> <td style="border: none;">Film/Slides (35mm, etc)</td> <td style="border: none;">Kept on Hard Drive</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Legal Size</td> <td style="border: none;">Microfilm/ Microfiche</td> <td style="border: none;">Computer Tape</td> </tr> <tr> <td style="border: none;">Rolls _____</td> <td style="border: none;">Audio Tape</td> <td style="border: none;">Floppy Disk</td> </tr> <tr> <td style="border: none;">Bound Book</td> <td style="border: none;">Video Tape</td> <td style="border: none;">CD,DVD,etc</td> </tr> <tr> <td style="border: none;">Card _____</td> <td colspan="2" style="border: none;">Other (specify) _____</td> </tr> </table>	Paper:	Film / tape:	Electronic:	<input checked="" type="checkbox"/> Letter Size	Film/Slides (35mm, etc)	Kept on Hard Drive	<input checked="" type="checkbox"/> Legal Size	Microfilm/ Microfiche	Computer Tape	Rolls _____	Audio Tape	Floppy Disk	Bound Book	Video Tape	CD,DVD,etc	Card _____	Other (specify) _____		<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical</p> <p>Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p>Geographical</p> <p>Other (specify) _____</p>	<p>9. Volume</p> <p>_____ x File Drawer(s) Microfilm Reel(s) Computer Tape(s) Number Other (specify)</p> <p>10. Annual Accumulation</p> <p>_____ File Drawer(s) Microfilm Reel(s) Computer Tape(s) Number Other (specify)</p>
Paper:	Film / tape:	Electronic:																		
<input checked="" type="checkbox"/> Letter Size	Film/Slides (35mm, etc)	Kept on Hard Drive																		
<input checked="" type="checkbox"/> Legal Size	Microfilm/ Microfiche	Computer Tape																		
Rolls _____	Audio Tape	Floppy Disk																		
Bound Book	Video Tape	CD,DVD,etc																		
Card _____	Other (specify) _____																			
<p>11. File is Used    Daily    Weekly    <input checked="" type="checkbox"/> Monthly    Annually</p>	<p>12. File Becomes Inactive After _____ Month(s) Number Year(s)</p>																			
<p>13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston St, Baltimore, MD 21201</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p>Yes    <input checked="" type="checkbox"/>    No    Agency/ Format _____</p>																			
<p>15. Privacy / Access Restrictions                    <input checked="" type="checkbox"/> Yes    No</p> <p><input checked="" type="checkbox"/> Personal   <input checked="" type="checkbox"/> Medical   Proprietary   Classified   Other _____</p> <p>(If Yes, cite Law(s) &amp; Regulation(s)    HIPAA, PERSONNEL REGS</p>	<p>16. Audit Requirements            None    Internal    OIG</p> <p>    Legislative    Federal    Independent</p>																			
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p>Yes    No    _____</p>	<p>18. Recommended Retention: In Office And In Storage (Each Format)</p> <p>Retain for three (3) years after termination of employment, then retain in State Records for two (2) years and then destroy.</p>																			
<p>19. Name and Title of Preparer <b>WALTER ZERRLAUT</b> <b>DHMH RECORDS OFFICER</b> E-mail address: wzerrlaut@dhmh.state.md.us</p>	<p>20. Location:  201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5</p>	<p>21. Date <b>APRIL 11, 2012</b></p>																		



<p><b>DHMH Instructions</b> -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p><b>DHMH RECORDS INVENTORY</b></p> <p>PAGE <u>  3  </u> OF <u>  7  </u></p>																			
<p>1. Department/Agency <b>MD DEPT OF HEALTH &amp; MENTAL HYGIENE</b></p>		<p>2. Office/Administration/Board <b>OFFICE OF HUMAN RESOURCES</b></p>		<p>3. Division/Unit or Section</p>																			
<p><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.</p>																							
<p>4. Record Series Title 2. <b>Recruitment and Testing File</b></p>				<p>5. Earliest Year/Latest Year _____ to _____</p>																			
<p>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>Recruitment activities.</b></p>																							
<p>7. Record Series Format(s) List all</p> <table style="width:100%; font-size: x-small;"> <tr> <td style="width:33%;">Paper:</td> <td style="width:33%;">Film / tape:</td> <td style="width:33%;">Electronic:</td> </tr> <tr> <td><input checked="" type="checkbox"/> Letter Size</td> <td><input type="checkbox"/> Film/Slides (35mm, etc)</td> <td><input type="checkbox"/> Kept on Hard Drive</td> </tr> <tr> <td><input checked="" type="checkbox"/> Legal Size</td> <td><input type="checkbox"/> Microfilm/ Microfiche</td> <td><input type="checkbox"/> Computer Tape</td> </tr> <tr> <td>Rolls _____</td> <td><input type="checkbox"/> Audio Tape</td> <td><input type="checkbox"/> Floppy Disk</td> </tr> <tr> <td>Bound Book _____</td> <td><input type="checkbox"/> Video Tape</td> <td><input type="checkbox"/> CD,DVD,etc</td> </tr> <tr> <td>Card _____</td> <td colspan="2"><input type="checkbox"/> Other (specify) _____</td> </tr> </table>		Paper:	Film / tape:	Electronic:	<input checked="" type="checkbox"/> Letter Size	<input type="checkbox"/> Film/Slides (35mm, etc)	<input type="checkbox"/> Kept on Hard Drive	<input checked="" type="checkbox"/> Legal Size	<input type="checkbox"/> Microfilm/ Microfiche	<input type="checkbox"/> Computer Tape	Rolls _____	<input type="checkbox"/> Audio Tape	<input type="checkbox"/> Floppy Disk	Bound Book _____	<input type="checkbox"/> Video Tape	<input type="checkbox"/> CD,DVD,etc	Card _____	<input type="checkbox"/> Other (specify) _____		<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical</p> <p>_____ Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p>_____ Geographical</p> <p>_____ Other (specify) _____</p>		<p>9. Volume</p> <p>_____ x File Drawer(s) _____ Microfilm Reel(s) _____ Computer Tape(s) Number Other (specify)</p> <p>10. Annual Accumulation</p> <p>_____ File Drawer(s) _____ Microfilm Reel(s) _____ Computer Tape(s) Number Other (specify)</p>	
Paper:	Film / tape:	Electronic:																					
<input checked="" type="checkbox"/> Letter Size	<input type="checkbox"/> Film/Slides (35mm, etc)	<input type="checkbox"/> Kept on Hard Drive																					
<input checked="" type="checkbox"/> Legal Size	<input type="checkbox"/> Microfilm/ Microfiche	<input type="checkbox"/> Computer Tape																					
Rolls _____	<input type="checkbox"/> Audio Tape	<input type="checkbox"/> Floppy Disk																					
Bound Book _____	<input type="checkbox"/> Video Tape	<input type="checkbox"/> CD,DVD,etc																					
Card _____	<input type="checkbox"/> Other (specify) _____																						
<p>11. File is Used    Daily    Weekly    <input checked="" type="checkbox"/> Monthly    Annually</p>			<p>12. File Becomes Inactive After _____ Month(s) Number Year(s)</p>																				
<p>13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston St, Baltimore, MD 21201</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) Yes    <input checked="" type="checkbox"/> No    Agency/ Format _____</p>																				
<p>15. Privacy / Access Restrictions    <input checked="" type="checkbox"/> Yes    No <input checked="" type="checkbox"/> Personal    Medical    Proprietary    Classified    Other _____ (If Yes, cite Law(s) &amp; Regulation(s) <b>PERSONNEL REGS</b>)</p>			<p>16. Audit Requirements    None    Internal    OIG Legislative    Federal    Independent</p>																				
<p>17. Is an Index System used? If yes, explain briefly and describe requirements Yes    No    _____</p>			<p>18. Recommended Retention: In Office And In Storage (Each Format) Retain for two (2) years recruitment closes, then retain in State Records for one (1) year and then destroy.</p>																				
<p>19. Name and Title of Preparer <b>WALTER ZERRLAUT DHMH RECORDS OFFICER</b> E-mail address: wzerrlaut@dnhm.state.md.us</p>		<p>20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5</p>		<p>21. Date <b>APRIL 11, 2012</b></p>																			







