

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

Schedule No. 2666

Page 1 of 3

Agency **DEPARTMENT OF HUMAN RESOURCES**

Division/Unit

OFFICE OF THE INSPECTOR GENERAL

Item No.	Description	Retention
1	<p><u>Program Fraud Investigative Reports</u></p> <p>A. Investigations/Overpayments: These files consist of reports and evidence obtained during the course of investigations into the allegations of fraud and abuse of Department of Human Resources (DHR) programs.</p> <p>B. Matches: These documents are the result of data mining/ matching procedures resulting in preliminary investigations.</p> <p>C. Intentional Program Violations (IPV's): Criminal and Administrative Proceedings. These cases are documented in a national database and evidence needs to be available upon request. Evidence is stored until the subjects 82nd birthday because of the progression of possible penalties.</p> <p>D. Bench/Arrest Warrant cases are the result of a subject's failure to appear in court and a warrant was issued for their arrest. Subjects can be arrested and law enforcement agencies contact this office of initial warrant information.</p>	<p>A. & B. Retain within Office of the Inspector General (OIG) for six (6) years, and then destroy.</p> <p>C. Retain onsite within until the violator turns eighty-two (82) years, and then destroy.</p> <p>D. Will be held onsite until resolved and destroyed six (6) years after resolution.</p>
2	<p><u>Internal Affairs Reports</u></p> <p>These files consist of reports and evidence obtained during the course of investigations into the allegations of fraud and abuse committed by DHR employees and/or vendors.</p>	<p>Retain within OIG six (6) years after termination of employment, then destroy</p>

Schedule Approved by Department, Agency, or Division Representative

Date

May 15, 2014

Signature

Kendra Toke

Typed Name

Kendra Toke

Title

Facilities/Warehouse Administrator

Schedule Authorized by State Archivist

Date

7-29-14

Signature

Timothy D. Baker

**DEPARTMENT OF GENERAL SERVICES
RECORDS MANAGEMENT DIVISION
RECORDS RETENTION AND DISPOSAL SCHEDULE
(Continuation Sheet)**

Schedule No. 2666

Page 2 of 3

Agency

Division/Unit

DEPARTMENT OF HUMAN RESOURCES

OFFICE OF THE INSPECTOR GENERAL

Item No.	Description	Retention
3	<p><u>Audit Reports I</u></p> <p>These files consist of audit program working papers for audits conducted on local Departments of Social Services; Child Support Enforcement Agency (CSEA) and various DHR programs and vendors.</p>	<p>Retain within OIG for six (6) years, or the last 2 audit cycles, whichever comes later. Then destroy.</p>
4	<p><u>Audit Reports II</u></p> <p>These files consist of final audit reports which are kept permanently.</p>	<p>Retain within Office of the Inspector General (OIG) for six (6) years and then transfer to the Maryland State Archives for permanent retention.</p>
5	<p><u>Personnel Records</u></p> <p>Staff hiring; evaluations; incoming letters; commendations; certifications; promotions and/or reclassifications; grievances; firing and miscellaneous papers relating to all personnel matters.</p>	<p>Retain within OIG (5) five years after termination of employment, then destroy.</p>
6	<p><u>Death Files</u></p> <p>OIG receives downloads from Maryland Vital Records on a quarterly basis. These files are maintained to create a master file of Maryland Deaths for the purpose of routine matches against DHR program recipients.</p>	<p>Retain for fifty (50) years, then destroy.</p>
7	<p><u>Timekeeping</u></p> <p>This file consists of timesheets; leave slips; doctor's notes and any miscellaneous papers relating to the administration of timekeeping records.</p>	<p>Retain for (3) three calendar years, and then destroy.</p>

**DEPARTMENT OF GENERAL SERVICES
RECORDS MANAGEMENT DIVISION
RECORDS RETENTION AND DISPOSAL SCHEDULE
(Continuation Sheet)**

Schedule No. 2666

Page 3 of 3

Agency DEPARTMENT OF HUMAN RESOURCES

*OFFICE OF THE
INSPECTOR GENERAL*

Item No.	Description	Retention
8	<p><u>Inspector General's Correspondence</u></p> <p>These files consist of original incoming letters; copies of outgoing letters; reports; memos; investigations; audits; directives and other material relating to the functions of the OIG.</p>	<p>Retain for five years, then screen and destroy with the following exception: Transfer to the Maryland State Archive for permanent retention any material that serves to document the origin, development, and accomplishments of the office and has continuing historical value.</p>
9	<p><u>Purchasing Records</u></p> <p>Requisitions for supplies; Purchase Orders; Fleet Vehicle Repair Reports</p>	<p>Retain for (5) five years or until all audit requirements are fulfilled, whichever is later, then destroy.</p>
10	<p><u>Legislative Records</u></p> <p>Legislative files consisting of written testimony presented before the Maryland General Assembly; copies of legislative alerts; copies of bills introduced in the Maryland General Assembly and U.S. Congress; legislative reports and analysis. These files are maintained to support the continuous operation of the OIG.</p>	<p>Retain paper for five (5) years, then scan to Maryland State Archives standards, then destroy. Retain scanned images for an additional 10 years, then destroy.</p>

<p>Instructions - Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jesup, Maryland 20794 410-726-1030</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>1</u> OF <u>11</u></p>
<p>1. Department/Agency Human Resources</p>	<p>2. Division Office of the Inspector General</p>	<p>3. Unit Bureau of Investigative Services (BIS)</p>
<p>DEFINITION: RECORD SERIES: 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 - Program Fraud Investigative Reports - Fraud</p>	<p>5. Earliest Year/Latest Year _____ 2006 _____ to <u>current</u></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.) Forms denoting customer's eligibility/ineligibility for agency benefits. Forms documenting/substantiating the client's commission of fraud against the agency in receipt of benefits distributed by the agency for the State of Maryland and other local/federal benefit programs.</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tapes</p> <p><input type="checkbox"/> Other (specify): _____</p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input checked="" type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume _____ 70 _____ Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify): _____</p> <p>10. Annual Accumulation _____ 10 _____ Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify): _____</p>
<p>11. File is Used</p> <p><input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After _____ 6 _____ Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) 100 South Charles Street, 10th Floor, Room 1676</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Recommended Retention Four (4) years after record is retained.</p>	
<p>19. Name and Title of Preparer Lisa Dixon, Director of Operations</p>	<p>20. Telephone Number 443-378-4055</p>	<p>21. Date</p>

Instructions - Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)

DEPARTMENT OF GENERAL SERVICES
RECORDS MANAGEMENT DIVISION
7275 Waterloo Road, P.O. Box 275
Jessup, Maryland 20794
410-786-1900

AGENCY RECORDS INVENTORY

PAGE 2 OF 11

1. Department/Agency

Human Resources

2. Division

Office of the Inspector General

3. Unit

Bureau of Investigative Services (BIS)

DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

4. Record Series Title

1 (a) Program Fraud Investigative Reports - Intentional Program Violations (IPV's)

5. Earliest Year/Latest Year

1999 to On-going

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)

Forms denoting customer's ineligibility for agency benefits. Forms documenting/substantiating the client's commission of fraud against the agency in receipt of benefits distributed by the agency for the State of Maryland and other local/federal benefit programs.

7. Record Series Format(s) - List all

- Letter Size Microfilm
 Legal Size Computer Tape
 Audio Tape Floppy Disk
 Bound Book Video Tape
 Other (specify) _____

8. Record Series Sequence

- Alphabetical
 Numerical
 Chronological
 Geographical
 Other (specify) _____

9. Volume

20
Number

- File Drawer(s)
 Microfilm Reel(s)
 Computer Tape(s)
 Other (specify) _____

10. Annual Accumulation

15
Number

- File Drawer(s)
 Microfilm Reel(s)
 Computer Tape(s)
 Other (specify) _____

11. File is Used

Daily Weekly Monthly Annually

12. File Becomes Inactive After

Violators turn 2-0 years old
Number Month(s) Year(s)

13. Current Location(s) (Bldg., Floor, Room)

100 South Charles Street, 16th Floor, Room 1678

14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)

Yes No

15. Access Restrictions (If Yes, cite Law(s) & Regulation(s))

Yes No

16. Audit Requirements

None State Federal Independent

17. Is an Index System used? If yes, explain briefly and describe requirements

Yes No

18. Recommended Retention

Eighty-two (82) years after record is retained.

19. Name and Title of Preparer

Lisa Dixon, Director of Operations

20. Telephone Number

443-378-4055

21. Date

Instructions - Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-795-1938		AGENCY RECORDS INVENTORY PAGE <u>3</u> OF <u>11</u>	
1. Department/Agency Human Resources		2. Division Office of the Inspector General		3. Unit Bureau of Investigative Services (BIS)	
DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title 2 - Internal Affairs			5. Earliest Year/Latest Year _____ 1999 _____ to current		
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Forms denoting employee's/agency vendor's ineligibility for agency income, benefits, and/or services. Forms documenting/substantiating the employee's/agency vendor's commission of fraud against the agency in receipt of income, benefits, and/or services distributed by the agency for the State of Maryland and other local/federal benefit programs.					
7. Record Series Format(s) List all <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input checked="" type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume _____ 12 _____ Number <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____	
				10. Annual Accumulation _____ 1 _____ Number <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After _____ Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) 100 South Charles Street, 17th Floor, Outside Room 1703			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention Retained Permanently within OIG.		
19. Name and Title of Preparer Lisa Dixon, Director of Operations		20. Telephone Number 443-378-4055		21. Date	

<p>Instructions - Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1).</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>4</u> OF <u>11</u></p>
<p>1. Department/Agency Human Resources</p>	<p>2. Division Office of the Inspector General</p>	<p>3. Unit Bureau of Audit Services (BAS)</p>
<p>DEFINITION: RECORD SERIES: 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 3 - Audit Reports I</p>	<p>5. Earliest Year/Latest Year _____2001_____ to <u>current</u></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.) Audit program working papers for audit conducted on the local Departments of Social Services; CSEA; various DHR programs and vendor.</p>		
<p>7. Record Series Format(s) List all</p> <p><input type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm</p> <p><input checked="" type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input checked="" type="checkbox"/> Sound Book <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input checked="" type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume ____36____ Number</p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____ boxes _____</p> <hr/> <p>10. Annual Accumulation ____12____ Number</p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____ boxes _____</p>
<p>11. File is Used</p> <p><input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After ____5____ Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) 100 South Charles Street, 16th Floor, Room 1601</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Recommended Retention Six years after final audit report released.</p>	
<p>19. Name and Title of Preparer Lisa Dixon, Director of Operations</p>	<p>20. Telephone Number 443-378-4055</p>	<p>21. Date</p>

<p>Instructions - Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-756-1030</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>5</u> OF <u>11</u></p>
<p>1. Department/Agency Human Resources</p>	<p>2. Division Office of the Inspector General</p>	<p>3. Unit Bureau of Audit Services (BAS)</p>
<p>DEFINITION: RECORD SERIES: 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 4 - Audit Reports II</p>	<p>5. Earliest Year/Latest Year _____2001_____ to <u>current</u></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.) Final Audit Reports program issued on the local Departments of Social Services; CSEA; various DHR programs and vendor.</p>		
<p>7. Record Series Format(s) List all</p> <p><input type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm</p> <p><input checked="" type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input checked="" type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume ____9____ Number</p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p> <hr/> <p>10. Annual Accumulation ____3____ Number</p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used</p> <p><input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After</p> <p>_____ Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) 100 South Charles Street, 16th Floor, Room 1681</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) & Regulation(s))</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements</p> <p><input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Recommended Retention</p> <p>Retained permanently.</p>	
<p>19. Name and Title of Preparer Lisa Dixon, Director of Operations</p>	<p>20. Telephone Number 443-378-4055</p>	<p>21. Date</p>

<p><u>Instructions</u> --Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-796-1830</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>8</u> OF <u>11</u></p>
<p>1. Department/Agency Human Resources</p>	<p>2. Division Office of the Inspector General</p>	<p>3. Unit Division of Operations</p>
<p>DEFINITION: RECORD SERIES: 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 5 -- Personnel Records</p>	<p>5. Earliest Year/Latest Year _____2000_____ to <u>current</u></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.) Forms denoting employee's hiring, evaluations; incoming letters; commendations; certifications; promotions and/or reclassifications; grievances; firing and miscellaneous papers relating to all personnel matters.</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume <u>7</u> Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p> <p>10. Annual Accumulation <u>1</u> Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used</p> <p><input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After <u>5</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) 100 South Charles Street, 18th Floor, Room 1657</p>	<p>14. Is Record Series Duplicated Elsewhere? (if yes, specify agency or office) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Original records housed at HRDT, 311 W. Saratoga St., 1st Floor.</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Recommended Retention Five (5) years after termination of employment within OIG.</p>	
<p>19. Name and Title of Preparer Lisa Dixon, Director of Operations</p>	<p>20. Telephone Number 443-378-4055</p>	<p>21. Date</p>

<p>Instructions - Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-798-1930</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>7</u> OF <u>11</u></p>
<p>1. Department/Agency Human Resources</p>	<p>2. Division Office of the Inspector General</p>	<p>3. Unit Information Technology</p>
<p>DEFINITION: RECORD SERIES: 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 6 - IT Database</p>	<p>5. Earliest Year/Latest Year _____ to <u>current</u></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.) Forms denoting employee's/agency vendor's ineligibility for agency income, benefits, and/or services. Forms documenting/substantiating the employee's/agency vendor's commission of fraud against the agency in receipt of income, benefits, and/or services distributed by the agency for the State of Maryland and other local/federal benefit programs.</p>		
<p>7. Record Series Format(s) List all</p> <p><input type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size <input checked="" type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape</p> <p><input checked="" type="checkbox"/> Other (specify) <u>CD's/DVD's</u></p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input checked="" type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume _____ Number</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input checked="" type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>CD's/DVD's</u></p> <p>10. Annual Accumulation _____ Number</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input checked="" type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>CD's/DVD's</u></p>
<p>11. File is Used</p> <p><input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After _____ 10 Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) 100 South Charles Street, 17th Floor Server Room</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Recommended Retention Ninety (90) days on external hard drive, then ten (10) years on CD or DVD.</p>	
<p>19. Name and Title of Preparer Linda A. Maloney, Director of Operations</p>	<p>20. Telephone Number 443-378-4005</p>	<p>21. Date</p>

<p>Instructions - Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-739-1830</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>8</u> OF <u>11</u></p>
<p>1. Department/Agency Human Resources</p>	<p>2. Division Office of the Inspector General</p>	<p>3. Unit Division of Operations</p>
<p>DEFINITION: RECORD SERIES: 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 7 - Timekeeping Records</p>	<p>5. Earliest Year/Latest Year _____2011_____ to <u>current</u></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.) Time sheets; leave slips; doctor's notes and any miscellaneous papers relating to the administration of timekeeping records.</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input checked="" type="checkbox"/> Sound Book <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume <u>1</u> Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p> <p>10. Annual Accumulation <u>1</u> Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used:</p> <p><input type="checkbox"/> Daily <input checked="" type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After <u>3</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) 100 South Charles Street, 16th Floor, Room 1607</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - Original records housed at Budget & Finance, Payrol, 311 W. Saratoga St., 9th Floor.</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Recommended Retention Three (3) Calendar years within OIG.</p>	
<p>19. Name and Title of Preparer Linda A. Maloney, Director of Operations</p>	<p>20. Telephone Number 443-378-4005</p>	<p>21. Date</p>

<p><u>Instructions</u> –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-790-1030</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>8</u> OF <u>11</u></p>
<p>1. Department/Agency Human Resources</p>	<p>2. Division Office of the Inspector General</p>	<p>3. Unit Office of the Inspector General (OIG)</p>
<p>DEFINITION: RECORD SERIES: 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 8 – Inspector General's Correspondence</p>	<p>5. Earliest Year/Latest Year _____2007_____ to <u>current</u></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.) Original incoming letters; copies of outgoing letters; reports; memos; investigations; audits; directives and other material relating to the functions of the OIG.</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm</p> <p><input checked="" type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape</p> <p><input checked="" type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input checked="" type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume _____3_____</p> <p>Number</p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Roll(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p> <hr/> <p>10. Annual Accumulation _____1_____</p> <p>Number</p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Roll(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used</p> <p><input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After _____5_____</p> <p>Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) 100 South Charles Street, 17th Floor, Rooms 1717 & 17-B</p>	<p>14. Is Record Series Duplicated Elsewhere? (if yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (if Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? if yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Recommended Retention Daily operational documents retained Permanently within OIG. All others five (5) years.</p>	
<p>19. Name and Title of Preparer Lisa Dixon, Director of Operations</p>	<p>20. Telephone Number 443-378-4055</p>	<p>21. Date</p>

<p>Instructions -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule. (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-795-1030</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>10</u> OF <u>11</u></p>
<p>1. Department/Agency Human Resources</p>	<p>2. Division Office of the Inspector General</p>	<p>3. Unit Division of Operations</p>
<p>DEFINITION: RECORD SERIES: 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 9- Purchasing Records</p>	<p>5. Earliest Year/Latest Year _____2008_____ to <u>current</u></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.) Requisitions for supplies and equipment; Purchase Orders and Fleet Vehicle Repair Reports.</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input checked="" type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume ____1____ Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p> <p>10. Annual Accumulation ____1____ Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used</p> <p><input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After</p> <p>____5____ Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) 100 South Charles Street, 16th Floor, Room 1607</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - Original records housed at Budget & Finance, Procurements, 311 W. Saratoga St., 9th Floor.</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements</p> <p><input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Recommended Retention</p> <p>Three (5) Calendar years within OIG.</p>	
<p>19. Name and Title of Preparer Lisa Dixon, Director of Operations</p>	<p>20. Telephone Number 443-378-4055</p>	<p>21. Date</p>

<p><i>Instructions</i> –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterfoo Road, P.O. Box 275 Jessup, Maryland 20794 410-790-1000</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>11</u> OF <u>11</u></p>
<p>1. Department/Agency</p> <p>Human Resources</p>	<p>2. Division</p> <p>Office of the Inspector General</p>	<p>3. Unit</p> <p>Information Technology</p>
<p>DEFINITION: RECORD SERIES: 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</p> <p>10 – Legislative Records</p>	<p>5. Earliest Year/Latest Year</p> <p><u>2010</u> to <u>current</u></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>Forms denoting written testimony presented before the Maryland General Assembly; copies of legislative alerts; copies of bills introduced in the Maryland General Assembly and U.S. Congress; legislative reports and analysis.</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm</p> <p><input checked="" type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume</p> <p><u>1</u></p> <p>Number</p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p> <hr/> <p>10. Annual Accumulation</p> <p><u>25</u></p> <p>Number</p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used</p> <p><input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After</p> <p><u>10</u></p> <p>Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room)</p> <p>100 South Charles Street, 11th Floor, Room 1717 & 17-B</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) & Regulation(s))</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements</p> <p><input type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Recommended Retention</p> <p>Five (5) years hard copy, then ten (10) years on CD or DVD.</p>	
<p>19. Name and Title of Preparer</p> <p>Lisa Dixon, Director of Operations</p>	<p>20. Telephone Number</p> <p>443-378-4055</p>	<p>21. Date</p>