

CHARLES COUNTY GOVERNMENT
 RECORDS MANAGEMENT DIVISION
 RECORDS RETENTION AND DISPOSAL SCHEDULE

Schedule No. C1240

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Agency
Charles County Government

Division/Unit
Human Resources

Item No.	Description	Retention
1	<p><u>Human Resources General Correspondence</u> Incoming letters, outgoing letters, memorandum and miscellaneous departmental and outside agency information.</p>	<p>Screen annually and destroy material having no further administrative, fiscal, legal, or operational value with the following exception: scan to Maryland State Archives standards any material that serves to document the origin, development, and accomplishments of the department, then destroy paper originals. Retain electronic records for 5 years, then transfer to the Maryland State Archives.</p>
2	<p><u>Time and Attendance</u> Files contain timesheets and leave requests for the Department of Human Resources.</p>	<p>Retain for 3 years then destroy.</p>
3	<p><u>Employee Personnel Records</u> Files contain original applications, evaluations, awards, disciplinary actions, promotion letters, salary information, written correspondence, etc; includes grievance files</p>	<p>Scan to Maryland State Archives standards, then destroy paper originals. Retain images for 7 years after employee termination, then destroy.</p>
4	<p><u>Employee Eligibility Verification form</u> Immigration and Naturalization Service Form I-9</p>	<p>Maintain for 1 year after date of termination or 3 years after hire, whichever is later, then destroy.</p>

Schedule Approved by Department, Agency, or Division Representative

Date 5/21/14
 Signature [Signature]
 Typed Name Mark J. Belton
 Title County Administrator

Schedule Authorized by State Archivist

Date 7-29-14
 Signature [Signature]

CHARLES COUNTY GOVERNMENT
 RECORDS MANAGEMENT DIVISION
 RECORDS RETENTION AND DISPOSAL SCHEDULE
 (Continuation Sheet)

Schedule No. C1240

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Agency
 Charles County Government

Division/Unit
 Human Resources Department

Item No.	Description	Retention
5	<p><u>Recruitment Files</u> Files contain employment applications, job descriptions, personnel requisitions and approvals to hire, job advertisements, and interview schedules.</p>	<p>If hired, retain until employee termination, then destroy. If not hired, retain for 3.5 years, then destroy. This record, if paper, may be scanned to Maryland State Archives' standards and have that image become the official record. The image must be managed by the above retention statement and the original paper version must be destroyed.</p>
6	<p><u>Equal Employer Opportunity (EEO) Semi-Annual Reports and Information</u> Reports that are sent to the Equal Opportunity Employer Commission (EEO4 Report)</p>	<p>Retain 3 years then destroy.</p>
7	<p><u>Notice to Applicants</u> Contains information regarding race, gender, job information source.</p>	<p>Retain 3 years then destroy.</p>
8	<p><u>Fiscal Year Budgets</u> Budget expenditure files, tracking of expenses, invoices, purchase orders, check requests, etc.</p>	<p>Retain for 3 years, then destroy.</p>
9	<p><u>Salary Reclassification</u></p>	<p>Retain 3 years after reclassification is complete then destroy.</p>
10	<p><u>Training Files</u> Trainer contracts; files containing class information; contracts with trainers and venues.</p>	<p>Retain for 3 years after end of Fiscal Year then destroy.</p>

CHARLES COUNTY GOVERNMENT
 RECORDS MANAGEMENT DIVISION
 RECORDS RETENTION AND DISPOSAL SCHEDULE
 (Continuation Sheet)

Schedule No.
 C1240
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Agency
 Charles County Government

Division/Unit
 Human Resources

Item No.	Description	Retention
<u>BENEFIT MANAGER FILES</u>		
11	<u>Employee Benefit Files</u> Files contain health insurance information, life insurance information, and all other benefit information.	Retain for one year after termination of plan, or three years after employee termination, whichever is later, then destroy with the following exception: transfer to Retiree Benefit File (Item 15) any records containing pertinent pension or retiree health insurance information.
12	<u>Long Term Disability/Life Insurance</u> Files containing Long Term Disability forms and insurance forms.	Retain for 6 years after termination of employment, then destroy. This record, if paper, may be scanned to Maryland State Archives' standards and have that image become the official record. The image must be managed by the above retention statement and the original paper version must be destroyed.
13	<u>Employee FMLA Files</u> Files contain information and documentation of employee leave usage covered by the Family Medical Leave Act.	Retain for three years after employee retirement or termination, then destroy.
14	<u>Retiree Benefit Files</u> Files contain all pertinent information associated with retirees' pension and retiree health insurance.	Retain until 3 years after death of retiree, then destroy.
15	<u>Actuarial Valuation and Investment Review Reports</u> Supporting information for Sheriff's Office Retirement Plan & Charles County Pension Plan	Retain for six years from end of plan year, then destroy.
16	<u>Contracts with Vendors</u> For Health Insurance, Life Insurance, and Long Term Disability Insurance plans with County.	Retain for three years after termination of contract, then destroy.
17	<u>Pension Minutes</u> Sheriff's Office Retirement Plan and Charles County Pension Plan, Retirement Plan Committees' meeting minutes.	Scan to Maryland State Archives standards, then destroy paper. Retain images for 6 years, from when plan terminates, then transfer to the Maryland State Archives.

Instructions -- Type or print a separate form for each new or revised record series.		AGENCY RECORDS INVENTORY	
		Page <u>1</u> of <u>11</u>	
1. Department/Agency Charles County Government	2. Division Human Resources	3. Unit/Program	
DEFINITION: Record Series: a group of related records normally filed and used as a unit for reference as well as retention & disposition purposes.			
4. Record Series Title Employee Eligibility Verification Form (I-9)		5. Earliest Year / Latest Year <u>2010</u> / to <u>2014</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Immigration and Naturalization Service			
7. Record Series Format(s)		8. Record Series Sequence	
<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) _____		<input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____	
		9. Volume <u>1</u> 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 <u>.1</u> 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 checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly		12. File becomes inactive after _____ Month(s) <u>3</u> Year(s)	
13. Current Location(s) (Building, Floor, Room) Charles County Government Building, Room B120		14. Is record series duplicated elsewhere? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, specify agency or office)	
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) and regulation(s))		16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> Independent County Subject to audits.	
17. Is an index system used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, explain briefly and describe any hardware/software)		18. Recommended retention Maintain for 1 year after date of termination or 3 years after hire, whichever is later, then destroy.	
19. Name and Title of Preparer Kim Pelczar, Benefits Coordinator		20. Telephone Number 301-645-0563	
		21. Date	

Instructions – Type or print a separate form for each new or revised record series.		AGENCY RECORDS INVENTORY	
		Page <u>1</u> of <u>11</u>	
1. Department/Agency Charles County Government	2. Division Human Resources	3. Unit/Program	
DEFINITION: Record Series: a group of related records normally filed and used as a unit for reference as well as retention & disposition purposes.			
4. Record Series Title Equal Employer Opportunity Semi-Annual Reports and Information		5. Earliest Year / Latest Year <u>2010</u> / to <u>2014</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Reports that are sent to the Equal Opportunity Employer Commission (EEO4 Report)			
7. Record Series Format(s)		8. Record Series Sequence	
<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) _____		<input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____	
		9. Volume <u>1</u> Number	
		10. Annual Accumulation <u>.025</u> 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) _____			
File is used: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annual		12. File becomes inactive after _____ Month(s) <u>6</u> Year(s)	
13. Current Location(s) (Building, Floor, Room) Charles County Government Building, Room B120		14. Is record series duplicated elsewhere? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, specify agency or office)	
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) and regulation(s))		16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent County	
17. Is an index system used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, explain briefly and describe any hardware/software)		18. Recommended retention Retain for 3 years then destroy.	
19. Name and Title of Preparer Kim Pelczar, Benefits Coordinator		20. Telephone Number 301-645-0563	
		21. Date	

Instructions -- Type or print a separate form for each new or revised record series.		AGENCY RECORDS INVENTORY	
		Page <u>3</u> of <u>11</u>	
1. Department/Agency Charles County Government	2. Division Human Resources	3. Unit/Program	
DEFINITION: Record Series: a group of related records normally filed and used as a unit for reference as well as retention & disposition purposes.			
4. Record Series Title Notice to Applicants		5. Earliest Year / Latest Year <u>2010</u> / to <u>2014</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Contains information regarding race, gender, job information source.			
7. Record Series Format(s)		8. Record Series Sequence	
<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) _____		<input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) _____ By <u>position</u>	
		9. Volume _____ Number	
		<input checked="" type="checkbox"/> File Drawer(s) -2 <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>Storage boxes - 2</u>	
		10. Annual Accumulation _____ Number	
		<input checked="" type="checkbox"/> File Drawer(s) -2 <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>Storage boxes - 2</u>	
11. File is used: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Never		12. File becomes inactive after _____ Month(s) <u>3</u> Year(s)	
13. Current Location(s) (Building, Floor, Room) Charles County Government Building, Room B120		14. Is record series duplicated elsewhere? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, specify agency or office)	
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) and regulation(s))		16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> Independent County	
17. Is an index system used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, explain briefly and describe any hardware/software)		18. Recommended retention Retain for 3 years then destroy.	
19. Name and Title of Preparer Kim Pelczar, Benefits Coordinator		20. Telephone Number 301-645-0563	
		21. Date	

Instructions – Type or print a separate form for each new or revised record series.		AGENCY RECORDS INVENTORY	
		Page <u>4</u> of <u>11</u>	
1. Department/Agency Charles County Government		2. Division Human Resources	
3. Unit/Program			
DEFINITION: Record Series: a group of related records normally filed and used as a unit for reference as well as retention & disposition purposes.			
4. Record Series Title Fiscal Year Budgets		5. Earliest Year / Latest Year <u>2009</u> / to <u>2013</u>	
6. Record Series Description (Briefly describe the types of information/documentaforms found in the series. Include the purpose or function of the series.) Budget expenditure files, tracking of expenses, invoices, purchase orders, check requests, etc.			
7. Record Series Format(s)		8. Record Series Sequence	
<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) _____		<input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>By fund account</u>	
		9. Volume <u>2</u> Number	
		<input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) Box	
		10. Annual Accumulation <u>2</u> Number	
		<input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) Box	
File is used: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		12. File becomes inactive after _____ Month(s) <u>1</u> Year(s)	
13. Current Location(s) (Building, Floor, Room) Charles County Government Building, Room B118		14. Is record series duplicated elsewhere? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if yes, specify agency or office)	
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if yes, cite law(s) and regulation(s))		16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent County	
17. Is an index system used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if yes, explain briefly and describe any hardware/software)		18. Recommended retention Retain for 3 years then destroy.	
19. Name and Title of Preparer Kim Pelczar, Benefits Coordinator		20. Telephone Number 301-645-0583	
21. Date			

Instructions – Type or print a separate form for each new or revised record series.		AGENCY RECORDS INVENTORY	
		Page <u>5</u> of <u>11</u>	
1. Department/Agency Charles County Government	2. Division Human Resources	3. Unit/Program	
<small>DEFINITION: Record Series: a group of related records normally filed and used as a unit for reference as well as retention & disposition purposes.</small>			
4. Record Series Title Salary Reclassification		5. Earliest Year / Latest Year <u>2006</u> / to <u>2006</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Reclassification studies that are done.			
7. Record Series Format(s)		8. Record Series Sequence	
<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) _____		<input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____	
		9. Volume <u>1</u> Number	
		<input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) Box	
		10. Annual Accumulation <u>1</u> Number	
		<input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) Box	
File is used: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		12. File becomes inactive after _____ Month(s) _____ Year(s)	
13. Current Location(s) (Building, Floor, Room) Charles County Government Building, Room B103		14. Is record series duplicated elsewhere? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, specify agency or office)	
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) and regulation(s))		16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent County	
17. Is an index system used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, explain briefly and describe any hardware/software)		18. Recommended retention Retain 3 years after reclassification is complete then destroy.	
19. Name and Title of Preparer Kim Pelczar, Benefits Coordinator		20. Telephone Number 301-645-0563	
		21. Date	

Instructions -- Type or print a separate form for each new or revised record series.		AGENCY RECORDS INVENTORY	
		Page <u>6</u> of <u>11</u>	
1. Department/Agency Charles County Government	2. Division Human Resources	3. Unit/Program	
DEFINITION: Record Series: a group of related records normally filed and used as a unit for reference as well as retention & disposition purposes.			
4. Record Series Title Training Files		5. Earliest Year / Latest Year <u>2012</u> / to <u>2014</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Trainer contracts; files containing class information; contracts with trainers and venues.			
7. Record Series Format(s)		8. Record Series Sequence	
<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) _____		<input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____	
		9. Volume 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) _____	
		10. Annual Accumulation 0.1 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) _____	
File is used: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly		12. File becomes inactive after _____ Month(s) <u>2</u> Year(s)	
13. Current Location(s) (Building, Floor, Room) Charles County Government Building, Room B120		14. Is record series duplicated elsewhere? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, specify agency or office)	
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) and regulation(s))		16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent County	
17. Is an index system used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, explain briefly and describe any hardware/software)		18. Recommended retention Retain 3 years after end of Fiscal Year, then destroy.	
19. Name and Title of Preparer Kim Pelczar, Benefits Coordinator		20. Telephone Number 301-645-0563	
		21. Date	

Instructions -- Type or print a separate form for each new or revised record series.		AGENCY RECORDS INVENTORY	
		Page <u>1</u> of <u>1</u>	
1. Department/Agency Charles County Government	2. Division Human Resources	3. Unit/Program	
DEFINITION: Record Series: a group of related records normally filed and used as a unit for reference as well as retention & disposition purposes.			
4. Record Series Title Employee Benefit Files		5. Earliest Year / Latest Year <u>1972</u> / to <u>2014</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Files contain health insurance information, life insurance information, and all other benefit information.			
7. Record Series Format(s)		8. Record Series Sequence	
<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) _____		<input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____	
		9. Volume <u>10</u> 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 <u>5</u> 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) _____	
File is used: <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		12. File becomes inactive after _____ Month(s) _____ Year(s)	
13. Current Location(s) (Building, Floor, Room) Charles County Government Building, Room B113		14. Is record series duplicated elsewhere? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, specify agency or office)	
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) and regulation(s))		16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent County	
17. Is an index system used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, explain briefly and describe any hardware/software)		18. Recommended retention Retain for one year after termination of plan or three years after employee termination, then destroy with the following exception: transfer to Retiree Benefit File (Item 15) any records containing pertinent pension or retiree health insurance information.	
19. Name and Title of Preparer Kim Pelczar, Benefits Coordinator	20. Telephone Number 301-645-0563	21. Date	

Instructions – Type or print a separate form for each new or revised record series.		AGENCY RECORDS INVENTORY	
		Page <u>8</u> of <u>11</u>	
1. Department/Agency Charles County Government	2. Division Human Resources	3. Unit/Program	
DEFINITION: Record Series: a group of related records normally filed and used as a unit for reference as well as retention & disposition purposes.			
4. Record Series Title Long Term Disability/Life Insurance		5. Earliest Year / Latest Year _____ to _____	
6. Record Series Description (Briefly describe the types of information/document/forms found in the series. Include the purpose or function of the series.) Files containing Long Term Disability forms and insurance forms			
7. Record Series Format(s)		8. Record Series Sequence	9. Volume: _____ Number
<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) _____		<input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____	<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 _____ Number
File is used: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		12. File becomes inactive after _____ Month(s) Year(s)	
13. Current Location(s) (Building, Floor, Room)		14. Is record series duplicated elsewhere? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, specify agency or office)	
15. Access Restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, cite law(s) and regulation(s))		16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent County	
17. Is an index system used? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain briefly and describe any hardware/software)		18. Recommended retention Retain for 6 years (after termination of employment), then destroy. This record, if paper, may be scanned to Maryland State Archives' standards and have that image become the official record. The image must be managed by the above retention statement and the original paper version must be destroyed.	
19. Name and Title of Preparer Kim Pelczar, Benefits Coordinator	20. Telephone Number 301-645-0583	21. Date	

Instructions – Type or print a separate form for each new or revised record series.		AGENCY RECORDS INVENTORY	
		Page <u>9</u> of <u>11</u>	
1. Department/Agency Charles County Government	2. Division Human Resources	3. Unit/Program	
DEFINITION: Record Series: a group of related records normally filed and used as a unit for reference as well as retention & disposition purposes.			
4. Record Series Title Employee FMLA Files		5. Earliest Year / Latest Year <u>2001</u> / <u>2014</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Files contain information and documentation of employee leave usage covered by the Family Medical Leave Act.			
7. Record Series Format(s)		8. Record Series Sequence	
<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) _____		<input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____	
		9. Volume <u>3</u> 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 <u>.1</u> 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 checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		12. File becomes inactive after _____ Month(s) _____ Year(s)	
13. Current Location(s) (Building, Floor, Room) Charles County Government Building, Room B104		14. Is record series duplicated elsewhere? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, specify agency or office)	
15. Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes, cite law(s) and regulation(s))		16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent County	
17. Is an index system used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, explain briefly and describe any hardware/software)		18. Recommended retention Retain for three years after employee retirement or termination, then destroy.	
19. Name and Title of Preparer Kim Pelczar, Benefits Coordinator	20. Telephone Number 301-645-0563	21. Date	

Instructions -- Type or print a separate form for each new or revised record series.		AGENCY RECORDS INVENTORY	
		Page <u>10</u> of <u>11</u>	
1. Department/Agency Charles County Government	2. Division Human Resources	3. Unit/Program	
DEFINITION: Record Series: a group of related records normally filed and used as a unit for reference as well as retention & disposition purposes.			
4. Record Series Title Retiree Benefit Files		5. Earliest Year / Latest Year <u>1986</u> to <u>2014</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Files contain all pertinent information associated with retirees' pension and retiree health insurance.			
7. Record Series Format(s)		8. Record Series Sequence	9. Volume <u>4</u> Number
<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) _____		<input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____	<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 <u>10</u> 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) _____
File is used: <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		12. File becomes inactive after _____ Month(s) _____ Year(s)	
13. Current Location(s) (Building, Floor, Room) Charles County Government Building, Room B113		14. Is record series duplicated elsewhere? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, specify agency or office)	
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) and regulation(s))		16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent County	
17. Is an index system used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, explain briefly and describe any hardware/software)		18. Recommended retention Retain until 3 years after death of retiree, then destroy.	
19. Name and Title of Preparer Kim Pelczar, Benefits Coordinator	20. Telephone Number 301-645-0563	21. Date	

Instructions – Type or print a separate form for each new or revised record series.		AGENCY RECORDS INVENTORY	
		Page <u>11</u> of <u>11</u>	
1. Department/Agency Charles County Government	2. Division Human Resources	3. Unit/Program	
DEFINITION: Record Series: a group of related records normally filed and used as a unit for reference as well as retention & disposition purposes.			
4. Record Series Title Pension Minutes		5. Earliest Year: <u>1993</u> / Latest Year: <u>2014</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Sheriff's Office Retirement Plan and Charles County Pension Plan, Retirement Plan Committees' meeting minutes.			
7. Record Series Format(s)		8. Record Series Sequence	
<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) _____		<input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____	
		9. Volume <u>5</u> Number	
		<input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) Electronic Storage	
		10. Annual Accumulation <u>5</u> Number	
		<input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) Electronic Storage	
11. File is used: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		12. File becomes inactive after _____ Month(s) _____ Year(s)	
13. Current Location(s) (Building, Floor, Room) Charles County Government Building, Room B112		14. Is record series duplicated elsewhere? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, specify agency or office)	
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) and regulation(s))		16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent County	
17. Is an index system used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, explain briefly and describe any hardware/software)		18. Recommended retention Scan to Maryland State Archives standards, then destroy paper. Retain images for 6 years from when plan terminates, then destroy.	
19. Name and Title of Preparer Kim Pelczar, Benefits Coordinator		20. Telephone Number 301-845-0563	
		21. Date	