

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

Schedule No.

Page of

Agency

Division/Unit

**Item
No.**

Description

Retention

Schedule Approved by Department, Agency,
or Division Representative.

Date _____

Signature _____

Typed Name _____

Title _____

Schedule Authorized by State Archivist

Date _____

Signature _____

**DEPARTMENT OF GENERAL SERVICES
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(Continuation Sheet)**

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