Automated Facsimile of SLR-105

___ ORIGINAL SUBMISSION
___ RECERTIFICATION
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2. AGENCY CODE: 501 3. AGENCY: TEXAS DEPARTMENT OF HEALTH

4. Records Series Item #	5. Agency Item #	6. Records Series Title	7. RETENTION PERIOD Agency	Storage	Total	8. Sec	9. Arch	10. Med	11. Vital	12. Remarks
		409 - EPILEPSY/HEMOPHILIA PROGRAMS								
1.1.	2328	ADULT HEMOPHILIA CASE FILES (CASE FOLDERS)	AC	5	AC+5	C		P		AC=TERMINATION OF CASE (previously listed on retention schedule for 402)
1.1.006	5431	COMPLAINT FILES	AC+2		AC+2	O		P		AC=FINAL DISPOSITION OF COMPLAINT
1.1.007	4339	CORRESPONDENCE, ADMINISTRATIVE	3		3	O	R	P	X	
1.1.008	5143	CORRESPONDENCE, GENERAL	1		1	O		P		
1.1.025	4341	POLICY AND PROCEDURES MANUAL	US+3		US+3	O	R	P	X	
1.1.057	4761	TRANSITORY INFORMATION	AC		AC	O		O		PAPER, ELECTRONIC/AC=PURPOSE OF RECORD HAS BEEN FULFILLED.
1.1.058	3225	MEETING AGENDAS & MINUTES	PM		PM	O	A	P		
1.1.064	5134	PERFORMANCE MEASURES SUPPORTING DOCUMENTATION	FE+3		FE+3	O		P	X	
1.1.065	5346	GENERAL STATISTICAL REPORTS	AV		AV	O		P		
1.1.067	4336	ADMINISTRATIVE REPORTS AND SPECIAL PROJECTS	3		3	O	R	P		
1.3.002	2957	PUBLICATION DEVELOPMENT FILES (DRAFTS, ARTWORK, PHOTO NEGATIVES, PRINTS, PRINTING PLATES, ETC.)	AV		AV	O	R	O		ARTWORK, PHOTO NEGATIVES, PRINTS, PRINTING PLATES
3.1.014	5123	INTERVIEWING & SELECTION RECORDS	2		2	O		P	X	
3.1.023	1693	POSITION DESCRIPTIONS	US+4		US+4			P	X	
3.3.023	4350	REQUESTS AND AUTHORIZATIONS FOR REIMBURSABLE ACTIVITIES, TRAVEL ETC.	FE+3		FE+3	O		P		
3.4.007	3215	TIME OFF AND/OR SICK LEAVE REQUESTS	FE+3		FE+3	O		O		PAPER, ELECTRONIC
3.4.007	4758	DAILY ABSENCE REPORTS AND LEAVE REQUESTS	FE+3		FE+3	O		O		PAPER, ELECTRONIC
4.1.001	2277	HEMOPHILIA PAYMENT RECORDS	FE+1	2	FE+3*	C		P		91-501-080 (previously listed on retention schedule for 402

RETENTION CODES (Field 7)

* - All Audit Requirements Will Be Met
AC - After Closed, Terminated, Completed, Expired, Settled
AV - As Long As Administratively Valuable
CE - Calendar Year End
FE - Fiscal Year End
LA - Life of Asset
MO - Months
PM - Permanent
US - Until Superseded

MEDIUM CODES (Field 10)

P - Paper
M - Microfilm
C - Computer Print-Out
E - Electronic
O - Other (Specify in Field 12)

ARCHIVAL CODES (Field 9)

A - Transfer to State
I - Retain in Agency
R - Review by State
O - Other (Specify in Field 12)

SECURITY CODES (Field 8)

O - Open Record
C- Confidential

VITAL CODES (Field 11)

Indicate with an X

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4.5	5155	PROVIDER INFORMATION AND FACT LIST	US		US	O		P	X	
4.7.008	5159	GRANT INFORMATION	AC+3		AC+3	O		P	X	
5.1.001	3242	HEMOPHILIA PROVIDER FILES	AC	4	AC+4	O		P	X	AC=EXPIRATION OR TERMINATION OF PROVIDER CONTRACT
5.1.001	4337	CONTRACTS	AC+4		AC+4	O		P	X	
5.1.001	5157	PROVIDER CONTRACT FILES (EPILEPSY)	AC	4	AC+4	O		P	X	AC=EXPIRATION OR TERMINATION OF PROVIDER CONTRACT
5.1.004	398	MAIL AND TELECOMMUNICATIONS LISTINGS	US		US	O		P		
5.1.007	4338	REQUISITIONS FOR IN-AGENCY COPY/PRINTING SERVICES	AV		AV	O		P		

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