

**Records Management Office**  
**RECORDS TRANSFER REQUEST**



<b>Department Name and Budget Code number</b> 3001 University Library	<b>Office Address</b> 116 Sigma Drive	<b>Number of Boxes</b> 10
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<b>Telephone</b> 864-656-xxxx	<b>Department Contact and email (no students)</b>  <b>Your Name and Email</b>
<b>Fax</b> 864-656-xxxx	

<b>Special Notes:</b> (ie: request permission to destroy)	<b>Date received in Records Center:</b>
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<b>Box #</b>	<b>Basic description of contents with DATES. Consecutive box numbers.</b>	<b>Retention Schedule/Disposition Date #</b>	<b>Rec Ctr location #</b>
1	Financial Records FY 2002-2005	<i>Leave Gray Areas blank,</i>	
	Financial Records FY 2001-2002	<i>To be filled in by Rec Ctr staff</i>	
2	Terminations 2006-2007		
3	Timesheets 2008, 2009		
4	Student Employee Terminations 2010		
5	Check Vouchers 2009-2010 FY		
6	Client Files 2006-2009		
7	Faculty Search 2011		
8	Closed Grants Ab-Az 2011		
9	Correspondence 2008-2009		
	Correspondence 2009-2010		
	Correspondence 2010-2011		
10	Payroll Accts FY 2003-2004		