



Lemanu P.S. Mauga  
*Governor*

Talauega E.V. Ale  
*Lt. Governor*

DEPARTMENT OF ADMINISTRATIVE SERVICES  
OFFICE OF ARCHIVES AND RECORDS MANAGEMENT

Afalava Elik  
*Director*

AMERICAN SAMOA GOVERNMENT  
PAGO PAGO, AMERICAN SAMOA 96799  
Phone: 684-699-6848/5148 Fax: 633-1841

Faatafa Gago  
*Deputy*

**RECORDS SCHEDULE LETTER**

To: \_\_\_\_\_  
Dept. Records Manager

From: Himpfill, James  
Territorial Archivist

Via: Afalava Elik  
Director of Administrative Services

Re: Records Schedule form.

Attached is a fillable Records Schedule .doc form template to complete and return. It requires a survey and listing of your office records series and your recommendations for preservation or disposal. Each Dept/Office/Unit staff reviews and decides how long to keep a record series based on it's frequency of usage, need; and/or per any relevant federal recordkeeping law. A standard record series survey form is therefore also attached. The Records Schedule form is pursuant to ASCA Title 4 Chp. 12 and ASAC Title 2 Chp. 3.

The purpose of listing your record series is to determine their administrative, financial, legal or historical values. A record series can then be controlled when it is created, used, preserved or disposed of in an efficient manner. In essence, a Record Schedule is a list of your different types of paper and/or electronic computer file record series and how long to keep them. For example...

Record Series:	Retention Period:
1. Director's administrative/subject files.	Permanent. Retain active files. Transfer inactive files after 5 yrs.
2. Dept. administrative/program correspondence files and routine office operation files.	Permanent. Retain active files. Review/select/transfer inactive files to Archives Records Center after 3 yrs.
3. Fiscal records. Dept. copies of purchase orders, requisitions, travel, and related files.	Temporary. Destroy after 2 yrs. Record copies are at Treasury/AC/Disb.
4. Dept. personnel files.	Temporary. Destroy 2 yrs. after employee termination. Review/select/send any relevant material to official DHR file.
5. Dept. copies of timesheets, payroll files.	Temporary. Destroy after 1 yr. Record copies are at Treasury/Payroll.

Department staff know best how long their record series should be kept before transferring them to the Office of Archives & Records Management for preservation or disposal storage. A Records Schedule is therefore be made to control your information and to make space for new records after old records are transferred. It also fosters improved ASG governance and accountability, transparency, and the preservation of government memory for future generations. Once your draft Records Schedule is complete, it should be returned to OARM. It will then be circulated to the ASG Auditor, Treasurer, Attorney General and Territorial Archivist for their comment, revision or approval within 20 days. Your ASG Office of Archives and Records Management exists to promote effective records management and archival services for the government and people of American Samoa. Please call 699-6848/5148 for additional help and any questions or email us at [james.himphill@das.as.gov](mailto:james.himphill@das.as.gov) or [mufiace48@yahoo.com](mailto:mufiace48@yahoo.com)

## RECORDS INVENTORY WORKSHEET

1. PREPARED BY

2. CREATING OFFICE

3. SERIES LOCATION

4. TITLE AND DESCRIPTION

5. VOLUME

6. DATES

7. ARRANGEMENT

8. DUPLICATION ELSEWHERE

9. RATE OF ACCUMULATION

10. NATURE AND FREQUENCY OF USE

11. RESTRICTIONS ON ACCESS/USE

12. FILE BREAKS?

 YES  
 NO

13. RETIRED REGULARLY?

 YES  
 NO

14. PRESENT DISPOSITION

15. RECOMMENDATION FOR DISPOSITION OF RECORDS-HOLDER.

16. PHYSICAL CONDITION OF RECORDS

17. RECOMMENDATION FOR DISPOSITION OF SURVEYOR.

18. COMMENTS.

INSTRUCTIONS FOR PREPARATION OF  
APPLICATION FOR: RECORDS SCHEDULE

This form is to be used by agencies in requesting records disposition authority. When approved by the Archivist, it will constitute legal authority for the disposal or retention of official records of the American Samoa Government.

- Entry 1. Show name of Department or Office and major and minor subdivisions as appropriate in order to indicate the specific office accumulating the records for which a records schedule is requested.
- Entry 2. Identify the name, office location and telephone number of the person to whom questions regarding this application may be directed.
- Entry 3. Certification should be signed by the agency head or authorized agent.
- Entry 4. Number each series or set of records sequentially: i.e., 1., 2., 3., etc.
- Entry 5. Provide a title or description of each records series indicating its content, purpose and use. If the records are no longer being produced, the earliest and latest dates of the records should be shown.
- Entry 6. The retention period should indicate the total period of time, in months or years, that the records must be kept in order to satisfy the needs of the government and any legal or fiscal requirements. If, in order to meet those requirements, records must be kept beyond the period of their actual use in the office, then indicate both the total retention period and the portion of that time when they are needed in the office.

PLEASE NOTE: PRIOR TO ANY DISPOSAL OF RECORDS UNDER THE RETENTION PERIODS ASSIGNED BY THIS SCHEDULE, NOTIFICATION MUST BE GIVEN TO THE ARCHIVIST OF THE TITLE, DATES AND QUANTITIES OF THOSE RECORDS. PLEASE CONTACT THE ARCHIVIST FOR THE APPROPRIATE NOTIFICATION FORM.



AMERICAN SAMOA GOVERNMENT

APPLICATION FOR: RECORDS SCHEDULE  
(Instructions on Reverse)

<p>TO: ARCHIVIST OF AMERICAN SAMOA</p> <hr/> <p>1. FROM: AGENCY (department or office)</p> <p>_____</p> <p>Major Subdivision</p> <p>_____</p> <p>Minor Subdivision</p> <p>_____</p>	<p>OFFICIAL ACTION</p> <hr/> <p>Schedule Number</p> <hr/> <p>Date Received</p> <hr/> <p>Pursuant to Section 4.1201 et seq. of the American Samoa Code Annotated, disposition is approved as requested.</p> <hr/> <p>ARCHIVIST _____ DATE _____</p>
---	--

2. AGENCY CONTACT (name)	ORGANIZATION	TELEPHONE NUMBER
--------------------------	--------------	------------------

3. AGENCY CERTIFICATION: I certify that the retention periods stated for all records series described in this application consisting of \_\_\_ pages meet all agency and other known requirements for the transaction of public business.

\_\_\_\_\_  
SIGNATURE OF AGENCY HEAD OR AUTHORIZED AGENT

\_\_\_\_\_  
DATE

4. Item No.	5. Description of Records	6. Retention Period

AMERICAN SAMOA GOVERNMENT  
APPLICATION FOR: RECORDS SCHEDULE  
(continuation sheet)

4. Item No.	5. Description of Records	6. Retention Period