# Employee Information (Individual Completing Certificate)

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| **Name (Printed)**:  | **Phone Extension**:  |
| **Email Address:**  | **Room Number**:  |
| **Department/Division:**  |  |

# Record Inventory To Destroy

**\* Please attach an itemized listing of records to be destroyed when submitting this Certificate. Exclusion could delay processing.**

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| **Records Description** | **Record Series Code**(from the NEOMED Records Retention Schedule) | **Minimum Retention Period** (from the NEOMED Records Retention Schedule) | **Last Record Date** | **Number of Folders, Boxes or Items\*** |
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# Verification and Sign-Off

**Department Head/Lead**: Please verify and check below, as appropriate, to certify that the Records Inventory listed meets the following requirements before signing. (Check “N/A” if not applicable)

**Yes N/A**

[ ]  [ ]  **All records are older than the Minimum Retention Period indicated on the NEOMED Records Retention Schedule.**

[ ]  [ ]  **All required audits have been completed.**

[ ]  [ ]  **No pending or ongoing litigation or investigation involving these records is known to exist.**

[ ]  [ ]  **All Department/Division accreditation records retention requirements have been fulfilled.**

[ ]  [ ]  **All records will be destroyed using the University’s contracted shredding service.**

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| **Department Head/Lead Name (Printed):**  | **Department Head/Lead Signature:**  |
| **Position Title:**  | **Date:**  |

The University Records Manager certifies that the records listed above are eligible for destruction based on the information on this form and other information provided by the Department/Division.

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| **University Records Manager Name (Printed):**  | **University Records Manager Signature:**  |
| **Date:**  |  |