



# Department of Archives & History

## INSTRUCTIONS FOR COMPLETING: REVISION OF SCHEDULE FORM (ARM-16)

This form should be used to request the **revision** of a specific schedule used by your agency. This form must be submitted to the Archives Records Management Division, who may contact you for additional information if necessary.

**Record Group Number:** Enter your Record Group Number in this block, if you know it. If you don't, leave the block blank and it will be completed by a SCDAH Record Analyst upon receipt of this form.

### SECTION I

1. **Name of Agency:** Enter the name of the state agency, board, etc., or the local government subdivision, (county, municipality, school district, special service district) that creates/maintains the records being described.
2. **Name of Division, Section, or Office:** Enter the name of the state agency division or the local government department/office that creates the records.
3. **Subdivision:** Enter the name of the state agency subdivision or the section within the local government department/office that creates the records.
4. **Program Unit:** If applicable enter the name of the program unit within the subdivision or section that creates the records.
5. **Name of Requester:** Enter the name of the person filling out this form.
6. **Email:** Enter the email address of the person filling out this form.
7. **Telephone Number:** Enter the telephone number of the person filling out this form.
8. **Date:** Enter the date that this form was completed.

### SECTION II

9. **Record Series Information:** This is the individual identifying information for your record series.
  - a. **Title:** Enter the official title of the series as it appears on your schedule.
  - b. **Record Series Number:** Enter the official record series number as it appears on

your schedule. This will either be a 5-digit number (12345) or an alphanumeric code (AH-AP-CS1).

**10. Record Information:** This information includes medium and volume of records.

- c. **Medium:** Indicate the medium of the records; e.g. paper, audio-visual, microfilm, and computer machine readable.
- d. **Total Volume of Records:** Indicate the volume of the record series located in your agency or in the State Records Center, if applicable. Convert all measurements to cubic feet for physical records, or megabytes for digital records.
- e. **Records Produced Annually:** Indicate the average volume of records created annually. This information is useful in projecting the rate of growth and future space needs. Convert all measurements to cubic feet for physical records, or megabytes for digital records.
- f. **Location of Records:** Indicate where the records are being stored. Please be as specific as possible.

**11. Revision Requested:** Please include the proposed revision in the section provided below the checkboxes.

- a. **Revise retention description to:** Check this box if you are revising the schedule to add or remove information about what records are covered by the schedule or who is using them.
- b. **Revise retention period to:** Check this box if you are changing the amount of time the records are being retained for or where the records are being retained.
  - i. For example, if your agency wants to retain this record series at the State Records Center instead of the agency offices.

**12. Justification for Change:** Indicate the reason for the change in description or retention.

- a. For example, a law increased the retention of driver's license applications from 75 to 85 years.

**13. Additional Comments:** Use this section to provide any additional information not covered in the above sections.