

Post Retirement Medical Plan & Trust
a single employer plan sponsored by
Truckee Meadows Water Authority



TO: Board of Trustees of the Post Retirement Medical Plan & Trust
FROM: Tiffani Allison, Records Coordinator
DATE: April 25, 2011
SUBJECT: **Recommendation to approve Records Certificate of Destruction for General Correspondence of the Post Retirement Medical Plan & Trust**

Recommendation

TMWA staff recommends the Post Retirement Medical Plan & Trust (PRMPT) perform destruction of PRMPT General Correspondence records in accordance with the retention requirements as outlined in the approved Records Retention Schedule.

Suggested Motion

The PRMP Trustees move to approve the Records Certificate of Destruction for PRMPT General Correspondence Records as presented.

Background

The PRMPT Board of Trustees adopted the Records Retention Schedule for the Post Retirement Medical Plan & Trust as presented on February 11, 2010. The Trust Records Retention Schedule classifies records by type and record series, outlines retention requirements, and meets the minimum record retention requirements as outlined by the Nevada State Library and Archives.

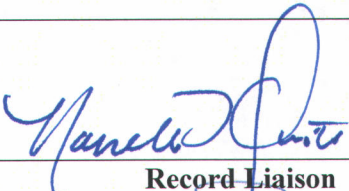


CERTIFICATE OF DESTRUCTION

Name: Nanette Quitt	Phone: 775-834-8031	Date: 4/27/2011
Department/Division: Post Retirement Medical Plan and Trust		
Description of Records: General Correspondence - Routine correspondence that generally serves informational purposes.		
Inclusive Dates (List the earliest date through the latest date, e.g. 7/1/99 through 6/30/00): 10/17/2003-6/18/2008		
Volume (Indicate volume in cubic feet) L x W x H/1728=cubic feet per box: Less than 1 cubic foot		
Reason for Destruction: (Check one) <input checked="" type="checkbox"/> Met Retention Requirement according to approved Retention Schedule or legal citation <input type="checkbox"/> Migrated to new medium according to State Statute and/or TMWA policy		
Retention Schedule (Check one): <input type="checkbox"/> TMWA <input type="checkbox"/> State of Nevada <input checked="" type="checkbox"/> Other: PRMPT		
Retention Schedule Title: (e.g. Finance) Post Retirement Medical Plan and Trust Record Retention Schedule	Record Series: (e.g. Accounts Receivable) Correspondence – General	
Retention Requirement: (e.g. 5 fiscal years from the year in which the payment is received.) Calendar year of record + 1 calendar year		
Method of Destruction: <input checked="" type="checkbox"/> Shred (Mark only if series is listed as 'Category 6 – Confidential/Restricted' on RRS) <input type="checkbox"/> Recycle <input type="checkbox"/> Other (Explain):		

Approval

(Required prior to proceeding with destruction)



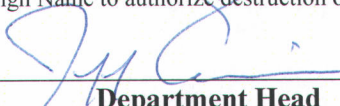
Record Liaison
 (Sign Name to authorize destruction of records)

Nanette Quitt

 (Print Name)

4/27/11

Date



Department Head
 (Sign Name to authorize destruction of records)

Jeff Tissier

 (Print Name)

4/27/11

Date

Destruction

Records Destroyed by:
 (Sign Name after records have been destroyed)

 (Print Name)

Date

Confidential/Sensitive Records Only

Witness to Destruction:
 (Sign Name)

 (Print Name)

Date

Requestor: Complete top section of form. Submit completed form to department Record Liaison for approval at Record Liaison Committee Meeting. Upon receipt of approval, Records Department will schedule time to meet with the requestor and destroy records as indicated. Please do not destroy records prior to approval.

Note: Records Destruction cannot be performed by same person who authorizes destruction. Witness to Destruction also cannot be the same person who is destroying the records. For confidential material, if shredding service is used, witness on-site destruction, and attach their Destruction Certificate form to TMWA Certificate of Destruction.