### Instructions:

* Use this form to apply to QSA to **develop** a new retention and disposal schedule OR **review** an existing retention and disposal schedule
* This form should be used for any core retention and disposal schedule that is one that covers and authorises the disposal of some or all of your agency’s records.
* All fields are mandatory unless otherwise specified.
* Return completed form/s in PDF format to Government Records Innovation, [rkqueries@archives.qld.gov.au](mailto:rkqueries@archives.qld.gov.au).

QSA may seek additional information or clarification from your agency when assessing this application.

Find out more about [reviewing a retention and disposal schedule](https://www.forgov.qld.gov.au/use-retention-and-disposal-schedule#develop) and [disposal authorisation](https://www.forgov.qld.gov.au/use-retention-and-disposal-schedule).

# **Request details**

### 1. Name of requesting public authority

Click here to enter name of agency.

### 2. Request type

Develop a new schedule to cover some or all of your agency’s records

OR

Review an existing schedule(s) assigned to your agency

### 3. Which retention and disposal schedule(s) is to be reviewed? (If applicable)

Click here to enter name of schedule.

# Justification

### 4. Why do you need to review or develop this retention and disposal schedule? (Tick all that apply)

Significant legislation changes affecting your agency

Changes to your agency’s functions and activities

Significant changes to business processes or business value of records

Records inherited from another agency as part of a MOG or administrative change

No coverage OR the schedule no longer covers all of your agency’s records

Other (please specify):

Click here to enter other reason.

### 5. Is there another agency’s approved retention and disposal schedule that may cover your records?

Yes

No

# Timeframes and resources

### 6. What are the desired timeframes for the development / review? (If known)

Click to enter proposed start and/or finish dates.

### 7. Do you have sufficient agency resources available to complete this development / review? (Tick all that apply)

Agency staff time to complete the work

Access to subject matter experts within your agency

Executive support for the project

# Completion

## Details about the person completing this application

**Name**:

Click here to enter name.

**Title**:

Click here to enter position title.

**Business unit**:

Click here to enter your business unit.

**Email**: **Phone**:

Click here to enter email address. Click here to enter phone number.