### 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.

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.