

BOARD OF SUPERVISORS AGENDA LETTER

Agenda Number:

Clerk of the Board of Supervisors 105 E. Anapamu Street, Suite 407

CALIFORN	Santa Barbara (805) 56			
			Department Name:	General Services
			Department No.: For Agenda Of:	063 11/14/2006
			Placement:	Administrative
			Estimate Time:	1 10/11/11
			Continued Item:	NO
			If Yes, date from: Vote Required:	Majority
TO:	Doord of Supervisors			11111
FROM:	Board of Supervisors	Dob Nichat Cana	mal Campiana Dimantan	560 1011
FROIVI:	Department Director(s)	,	ral Services Director	
	Contact Info:	Luci Roger, Assis	tant General Services	Director - 568-2628
SUBJECT:	Request for Destruction	n of Records		
	unsel Concurrence:			troller Concurrence:
As to form: [\times Yes \square No \square N/	A	As to form: \boxtimes	Yes No N/A
Other Conc As to form: [<u>urrence:</u> N/A Yes No N/	A		
Recommen	ded Action(s):			
That the Boa	ard of Supervisors:			
period has be	ified period of time. Atta	not expressly requi	red by law to be filed	or preserved permanently
Summary:				
	this request will streamlir requests to the Board in the		f records for our depa	artment and reduce
Backgroun	<u>d:</u>			
	endation is primarily align cy #010-008)	ned with actions red	quired by law or by ro	outine business necessity.
Fiscal and	Facilities Impacts:			
Budgeted:] Yes ⊠ No			
Fiscal Anal	ysis:			

Request for Destruction of Records

11/14/2006

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		Annualized	Total One-Time
Funding Sources	Current FY Cost:	On-going Cost:	Project Cost
General Fund			
State			
Federal			
Fees			
Other:			
Total	\$ -	\$ -	\$ -

Narrative: There are no fiscal impacts.

Staffing Impact(s):

<u>Legal Positions:</u> <u>FTEs:</u>

Special Instructions:

Send a copy of minute order and the approved Application for Destruction of Records to Ray Aromatorio, Risk Management.

Attachments:

- 1. Application for the Destruction of Records
- 2. Schedule of Records for Destruction
- 3. Workers' Compensation Case Closure Fact Sheet

Authored by:

Ray Aromatorio, Risk Program Administrator

cc:

Bob Nisbet, General Services Director Luci Rogers, Assistant General Services Director Bobbie Overgaard, Risk Program Administrator

<u>APPLICATION FOR THE DESTRUCTION OF RECORDS</u>

CERTIFICATE OF APPROVAL

To: Board of Supervisors

Code and Sections Number:

County of Santa Barbara, California

The undersigned officer hereby applies, pursuant to the law cited below, for an order to annually, or as needed, destroy the records described in the attached schedule and to excuse said officer and his/her assistants, deputies, and employees from further custody of said records.

Government Codes 26201 through 26205, and 26907.1.

Reasons for Destruction	: Age and	d lack of space to store them.
custodian of the describe	ed records of his	penalty of perjury that he/she is the supervisor and her department of the County of Santa Barbara, and that he and knows the contents thereof, on his/her information
Executed at Santa Barba	ıra, California oı	n November 2, 2006.
APPROVED:		Bob Nisbet General Services Director
COUNTY COUNSEL		GENERAL SERVICES
BY:	BY:	
	<u>CERTIFI</u>	CATION OF APPROVAL
I hereby certify the above following vote of the Bo		as approved and adopted on November 14, 2006, by the ors:
AYES:		
NOES:		
ABSENT:		
	•	nd ex-officio Clerk of the visors, County of Santa Barbara, nia
	BY:	

SCHEDULE OF RECORDS FOR DESTRUCTION

Type of Records	Original or Copy	Period Covered
Closed Liability Claim Files	ORIGINALS	All Closed Cases ¹
Closed Workers' Compensation Claim Files	ORIGINALS	All Closed Cases ²
Incident and Vehicle Accident Reports	ORIGINALS/COPY	All Incidents ²

- 1. Risk Management destroys original claim files 5 years after the date of closure.
- **2.** Risk Management destroys original claim files based on established County and government standards (see attached Case Closure Fact Sheet).

CASE CLOSURE FACT SHEET

CLAI	MANT:	D/I:	CLAIM NO:	-
SS#: _		DATE OF DEATH:	DATE/TERMINATION:	
LAST	PMT OF BENEFITS:	1	CASE CLOSE DATE: 1	
		2	2. 3.	
		3	3	
A)	C&R Order Approv	ing Date:		
A)		[] YES DESTROY: 1 year fro	m Date of Order	
	_	[]NO DESTROY: 5 years fr	om Data of Injumy	
			om last payment	
		1 year from	m Order Approving	
3)	AWARD (Future M		<u> </u>	
		[] YES DESTROY : 1 year a [] NO DESTROY : 5 years		
			0.1	
			com date of Asyard	
		r your n	oili date of Award	
C)	AWARD (Take Not	hing) Date:		
	·	DESTROY: 6 mon	ths from Date of Order or	
		Succe	ssful Conclusion Appeal	
	DIGMIGGAL DAME			
))	DISMISSAL DATE		D/I 1037 1	
		DESTROY: 1 yr fro	om D/I if No benefits paid	
		5 yrs f	rom D/I if benefits paid	******
			after last pmt of benefits	
		1 yr at	ter the dismissal ssful Conclusion Appeal	
		Succe	ssful Conclusion Appeal	
Ξ)		D/I AFTER 1993 / NO APPLICATION: 1 year after date of denial	TION	
F)	APPLICATION: D	Thefore 1990 or after 1993		
		oplication filed		
		one of the above circumstances fit		
	DES	TROY: 1 year after date of claima	nt's death	
G)	D/I 1990 1991 199	2, 1993: None of the above circums	tances fit	
•,		TROY: 1 year after date of claima		
	220			
H)	EXPOSURE: []	YES[]NO		
	DES	STROY: 30 years after date of term	ination	
r\	Daridar e stanced 1		Cindination Con Canal V. 14	
I)	besides a signed ord	er or stipulation, is there any type o [] YES DESTROY : 1 yea	f indication for future medical treatment? ar after claimant's death	
	IN A TI	•		
	DAI	E OF DESTRUCTION: 1 2 3		
		3		
		·		

- 1. IN NO CASE, SHOULD THE FILE OF A CURRENT EMPLOYEE BE DESTROYED.
- 2. IN ALL CASES, OPT FOR THE LONGEST PERIOD OF RETENTION.
- 3. IN NO CASE, CAN A FILE BE DESTROYED IN LESS THAN FIVE YEARS FROM THE LAST PAYMENT, DUE TO REQUIREMENTS REGARDING DESTRUCTION OF FINANCIAL RECORDS.