
	<h1>Document Disposal Request Form</h1> <h2>Forms and Templates</h2>		Document Number: FM-SS-11.09
	Department: Quality Assurance	Effective Date: October 18, 2019	Revision No 0

	<h2>Document Disposal Request Form</h2>					DOCUMENT NO:	FM-SS-11.09
						EFFECTIVE DATE:	October 17, 2019
						REVISION NO:	0
						DEPARTMENT:	Quality Assurance
BUSINESS UNIT: _____ DEPARTMENT: _____ DATE: _____							
Record Name	Description of Records	Date Range From (yyyy/mm/dd)	Date Range To (yyyy/mm/dd)	Quantity of Records (No. of boxes, No. of folders, No. of files for soft)	Retention Period as per the Records Retention Schedule	Destruction Method (Shred/Delete/Dispose)	
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