

DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDIAN HEALTH SERVICE

RECORDS CONTACT DESIGNATION

INSTRUCTIONS: Management officials must use this form to notify the Records Management Program of an individual(s) who will serve as the appointed Records Liaison Officer (RLO) and/or records liaison. An addition, deletion, or change of designation may be noted on the form and submitted. Fill out the form completely and legibly and submit electronically with digital signature to recordsmgmt@ihs.gov.

SECTION I. DESIGNATION INFORMATION

ORGANIZATION

AREA OFFICE/HEADQUARTERS (HQ) SUB-ELEMENT (e.g., HQ/Office Division, Area Office Component, Service Unit, Field Office)

CONTRACT ORGANIZATION OR COMPANY (If contractor, also complete above to identify the IHS organization supported)

DESIGNEE

NAME E-MAIL PHONE NUMBER

MAILING ADDRESS (street, city, state & zip code)

ROLE

SELECT ONE—Records Contact Role

SELECT AS APPROPRIATE – Essential Records Role

ACCESS

ARCIS Yes No FRC Charge Code(s): Records Group: 0513

DESIGNATION

APPROVING OFFICIAL SIGNATURE

POSITION TITLE

CANCELLATION OF DESIGNEE

APPROVING OFFICIAL SIGNATURE

POSITION TITLE

SECTION II. DESIGNEE ACKNOWLEDGMENT

I acknowledge my collateral-duty designation as a Records Liaison Officer (RLO) and/or records liaison. I further acknowledge my collateral duty role is estimated to require an average of 10% of my work time per month in support of records management activities, efforts, and initiatives. I will review and adhere to IHS records management policies, guidance, training, and contractor requirements documents. I will work with my RLO and/or the Records Management Officer (RMO) to provide records management assistance and guidance to staff within my administrative and/or programmatic area and support records management best practices. As an RLO, I will participate in the monthly RLO meeting.

DESIGNEE SIGNATURE