

Transfer Slip Procedures

The Transfer Slip form is used:

- As a Delivery Slip to Give the moving contractors pick up and delivery information
- Identify the purpose of a transfer
- Identify contacts for the transfer while the transfer is being processed

NOTE: The Transfer Slip form replaces the Request for Records Transfer form, effective April 2005.

The Transfer Slip Form

A Transfer Slip is required for each set of boxes to be transferred.

The form template is available on the PWS website:
<http://www.pws.gov.nt.ca/records/index.htm>

Requested by Section

- 1. Department:**
Name of the department requesting to transfer records boxes
- 2. Division/Section:**
Enter the name of the division that owns the records
- 3. Phone No.:**
The phone number of the contact person (person moving contractor can contact at time of pick-up)
- 4. Department Reference #**
If your department doesn't use iRIMS, enter reference number that can be used to track the transfer and to refer to during correspondence until an iRIMS Transfer ID is assigned. The Department/ Division assigns this number,

sometimes referred to as a “slip” or “reference” number, for internal tracking purposes. Not all departments use department reference #'s.

5. iRIMS Transfer ID:

The iRIMS Transfer ID is the number that is assigned by iRIMS and is Records Management's reference number. If your department does not have iRIMS, Records Management will complete this field.

6. Name:

Enter the name of the departmental representative or contact person who is requesting the records transfer. This is the person the moving contractor should be able to contact for pick up.

7. Title:

Enter the title of the departmental representative requesting the transfer.

8. Date

Date the transfer was requested or approved by the Department.

Approved by Department Records Coordinator Section

9. Name

Enter the name of the departmental representative (usually the departmental records coordinator) who has approved the transfer of records.

10. Phone Number

Phone Number of the individual who has approved the transfer. This is the person Records Management will contact with any concerns during Records Management's review of the transfer documentation.

11. # of Boxes

Enter the number of boxes to be transferred.

Location of Boxes Section

12. Building/ Floor/Office

Enter the location of the boxes using building code, floor and office. Mail codes are acceptable.

13. Box Type

Indicate with an X the type of boxes the records are contained in. The acceptable Box Types are: **Records** (ARC file boxes for Yellowknife, SMALL REC/SHIP BOX in regions), **Cheque**, and **Tube**. If there is a combination of box types please enter the number of each type rather than an X.


14. Reason for Transfer

Indicate with an X the purpose of transferring the records (type of transfer).

Records Management Use Only Section

Leave the bottom section blank, for Records Management and Contractor use only.

Example of a Completed Transfer Slip

				RECORDS TRANSFER SLIP		Reference No. 2005-01
				Requested By:	Department Public Works & Services	Division/Section Corp. Services
		Name Jill Hill	Title Worker Person		Date (d/m/y) Apr 1, 2005	
Approved By Dept. Records Coordinator:		Name Bob Records		Phone No. 444-5678	# of Boxes 12	
Location of Boxes:		Building/ Floor/Office SMH-1	Box Type <input checked="" type="checkbox"/> Records <input type="checkbox"/> Tube <input type="checkbox"/> Cheque	Reason for Transfer <input checked="" type="checkbox"/> Storage <input type="checkbox"/> Transitory Destruction <input type="checkbox"/> Destruction <input type="checkbox"/> Returned Boxes <input type="checkbox"/> Archival Selection <input type="checkbox"/> Other: _____		
RECORDS MANAGEMENT USE ONLY:						
Transfer From:	Building	Floor	Box Numbers		Disposition No.	
Transfer To:	Building	Floor	Authorization		Date	

2005