



**PAYROLL/PERSONNEL
 PPP436 PROGRAM RUN SPECIFICATION
 UPAY855 (3/95)**

| | |
|------------------------------|----|
| PROGRAM ID | |
| 1 | 11 |
| P P P 4 3 6 - S P E C | |

THF Audit Retention Criteria - (All entries which do not meet retention criteria will be copied to a sequential file and purged from the THF Audit File):

MODE INDICATOR:

- a. "D" for Retention Cut-off Date.
- b. "M" for Number of Months to Retain.

| |
|----|
| 12 |
|----|

**RETENTION CUT-OFF DATE
 OR
 NUMBER OF MONTHS TO RETAIN:**

| | | | | | |
|----|----|----|----|----|----|
| 13 | 14 | 15 | 16 | 17 | 18 |
|----|----|----|----|----|----|

Enter date as MMDDYY
 Enter Number of Months as MM in positions 13 and 14 (e.g., "03")

| | | | |
|--------------|------|--------------|------|
| PREPARED BY: | DATE | APPROVED BY: | DATE |
| | | | |

RETN: UNTIL ACTION TAKEN