

U.S. DEPARTMENT OF ENERGY Records Contact Designation

INSTRUCTIONS: Complete this form to designate a records contact pursuant to applicable regulations and policy, then submit completed form to the DOE Records Management Program via doerm@hq.doe.gov. **Note:** Federal employees and contractors of NNSA, EIA and the Power Marketing Administrations submit their designations to their respective DOE Element [Federal Agency Records Officer](#) (FARO) for consideration.

SECTION I. Designation Information

ORGANIZATION	<u>DOE Program / Staff Office</u> (Dash-1 level only)	Sub-element (e.g., field site, laboratory, technology center)	DOE Code
	Contract Organization (if contractor; also complete above to identify the DOE organization supported)		

DESIGNEE	Name	Federal Email	Federal Phone No.
	Federal Mailing Address (street, city, state & zip)		

ROLE	Select one – records contact role <input type="checkbox"/> Federal – Program Records Official (PRO) <input type="checkbox"/> Federal – Records Management Field Official (RMFO) <input type="checkbox"/> Federal – Records Liaison Official (RLO) <input type="checkbox"/> Contractor – Contractor Records Coordinator (CRC)	Select as appropriate – essential records role <input type="checkbox"/> Primary Essential Records Liaison (PERL) <input type="checkbox"/> Alternate Essential Records Liaison (AERL) Is designee also serving in role as a COOP Coordinator? <input type="checkbox"/> Yes <input type="checkbox"/> No
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ACCESS	Clearance Level: <input type="checkbox"/> Q <input type="checkbox"/> L <input type="checkbox"/> None Security Official (required ONLY for 'Q' or 'L' selections) _____ Signature _____ Date _____ ARCIS: <input type="checkbox"/> Read <input type="checkbox"/> Retrieve <input type="checkbox"/> Request Records Group(s): <input type="checkbox"/> 0430 <input type="checkbox"/> 0434 <input type="checkbox"/> Other _____ <input type="checkbox"/> ERA (must also complete ERA Account Request Form) Charge Code(s): _____
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DESIGNATION	DOE Head of Element or Authorized Approving Official	Signature	Date
	Position Title _____ or <input type="checkbox"/> FARO <input type="checkbox"/> PRO		

CANCELLATION	DOE Head of Element or Authorized Approving Official	Signature	Date
	Position Title _____ or <input type="checkbox"/> FARO <input type="checkbox"/> PRO	Separated from: <input type="checkbox"/> DOE Element <input type="checkbox"/> DOE Contractor <i>(select if applicable)</i>	

SECTION II. Designee Acknowledgment

I acknowledge my collateral-duty designation as a records contact, including my added support role for essential records management (RM). I further acknowledge my collateral duty role is estimated to require an average of 15% or more of my work time per month in support of RM activities, efforts and initiatives. I will review and adhere to applicable RM laws, regulations, policies, procedures, guidance, training, and contractor requirements documents (CRDs), as appropriate, to help ensure my effectiveness and success in my designated role. I will provide varying levels of administrative and technical RM assistance and guidance, as needed, to assist and guide staff within my organization, and also others where appropriate. I will also participate in appropriate and authorized internal and external RM-related communications, consultations, forums, meetings, and efforts consistent with my role as may be described in supporting RM-related laws, regulations, policies, guidance, training and CRDs. I will provide timely updates to information herein above via pen-and-ink changes or a new resubmission to the DOE RM Program via doerm@hq.doe.gov. **I will immediately notify the DOE RM Program should my clearance level change.** I also acknowledge that my designation is effective the date signed above and effective until appropriately revised or canceled.

Signature	Date
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