

Appendix A: DocuSign Onboarding Template Draft

Department _____

Division/Unit _____

DocuSign Records Custodian _____

Email _____

Briefly Describe the form or document type to be captured/stored via DocuSign:

Records Retention/Disposition Authority (RRDA) Number and Series title _____

Note: If your form does not have an associated records series, please contact recmgr@milwaukee.gov for retention schedule assistance.

Records retention time (months/years) after completion _____ **Disposition** _____

Where will official copies of records be stored during retention?

Security requirements? (HIPAA/PII/Other Confidential Information)

Employees/Positions with signatory/access role (add rows as needed)

Name/Title	Sign/Manage/Copied	Can Start Document?

Will you need assistance with template creation? Yes/No

Will you need assistance with exporting and indexing records in E-Vault? Yes/No

ADMINISTRATIVE USE ONLY

Department	Reviewed By	Date	Notes
ITMD			
City Records			
Other			