

LDSS AND LOCALITY INFORMATION

## CLASSIFICTION & COMPENSATION SELF-ANALYSIS FORM FOR LOCAL DEPARTMENTS OF SOCIAL SERVICES (LDSS)

LDSS' have the authority to deviate from one or more State Board-approved human resources (HR) policies in the LDSS Administrative/HR Manual by formally requesting the adoption of specific locality HR policies. This form should be submitted to VDSS HR by LDSS' requesting a partial deviation in either the State Board-approved *classification policy, the compensation policy, or both*. Submitting this form to VDSS HR acts as a formal request for a policy deviation for both the LDSS leadership and the LDSS local board. Adoption of the locality's HR policies becomes effective upon State Board approval.

A. LDGG AND LGGALITT INI ONIMATION				
FIPS	LDSS NAME		PROPOSED EFFECTIVE DATE	
LDSS CONTACT NAME				
LDSS CONTACT PHONE #				
LDSS CONTACT EMAIL				
LOCALITY HR OFFICER NAME				
LOCALITY HR OFFICER PHONE #				
LOCALITY HR OFFICER EMAIL				
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TYPE OF DEVIATION REQUEST:		☐ Classification and Compensation (complete all sections below)		
		☐ Classification Only (complete sections B, C, E, and F below)		
		☐ Compensation Only (complete sections B, D, E, and F below)		
B. CLASSIFICATION AND COMPENSATION APPLICABILTY (Attach additional information if necessary)				
			LOCAL DOCUMENTATION,	
REVIEW CRITERIA		IA	REFERENCES AND COMMENTS	
Does the local Classification and Compensation system apply uniformly to all employees in the locality?				
☐ Yes ☐ No				
2. List all supportive policy/procedures documentation in the local Classification and Compensation system.				
Attach copies of supporting documents (i.e., Employee handbook, policies, procedures, etc.).				

3. What individual in the county or city is responsible for the compliance certification required by federal regulation for a Merit System of Personnel Administration under section 900.604?

(Attach a copy of the most recent certification, if available)

C. CLASSIFICATION	FOR VDSS HR USE AND LOCAL ITY CERTIFICATIONS		
REVIEW CRITERIA	✓ REVIEW COMPLETE	LOCALITY HR OFFICER CERTIFICATIONS/ REVIEW TEAM COMMENTS	
1. Does the locality's HR system have a current classification plan that includes class specifications and established procedures for review and maintenance of the plan?			
Please include the following documents:			
A copy of the locality's classification policy.			
List of all locality classifications.  A copy of each classification description applicable to the LDSS			
Locality classifications identify Non- Exempt or Exempt status from the overtime provisions of the Fair Labor Standards Act.			
<ul><li>Classification plan identifies EEO-1 Job Categories.</li></ul>			
How often are positions reviewed to ensure that job duties and responsibilities fall within class specifications?			
3. Will the locality's HR officer ensure that all requests regarding the establishment, redefinition, reallocation, or abolition of positions are first reviewed by the locality before seeking approval from VDSS HR?  Yes  No			
3. Locality HR Officer: Please indicate agreement with the following policies by signing in the right column by each statement:  • The locality's classification plan,		Locality Human Resource Officer Signature:	
along with documentation relative to revisions, is submitted to VDSS HR as changes occur and annually with the local LDSS Compensation Plan.  Locality notification of local jurisdiction classification studies, findings, and recommendations should be sent to VDSS HR in a timely fashion Recommended		Locality Human Resource Officer Signature:	

timeframe: Within ninety (90) days prior to implementation of the study results.  • Periodic or scheduled reviews of position descriptions through on-site audits and/or paper review at the request of the Virginia Department of Social Services is a cooperative effort of VDSS HR, the locality's HR officer, and the local agency director.		Locality Human Resource Officer Signature:	
D. COMPENSATION	FOR VDSS HR USE AND LOCAL ITY CERTIFICATIONS		
REQUIREMENTS	✓ REVIEW COMPLETE	LOCALITY HR OFFICER CERTIFICATIONS/ REVIEW TEAM NOTES	
<ol> <li>Does the local HR system have a current compensation plan that provides for equitable and adequate compensation and includes a pay scale for all the classes in the classification plan?</li> <li>Yes</li> </ol>			
Include:  A copy of the locality's compensation policy.			
<ul><li>Current locality compensation schedule.</li><li>Current locality classification bands/grades.</li></ul>			
<ul> <li>Does the locality's compensation system provide for fair and equitable treatment of employees?</li> <li>Yes</li> <li>No</li> </ul>			
<ul> <li>Include specific policies with regard to:</li> <li>Appointments/Starting Pay/Competitive Salary Offers</li> <li>End of Probation Increases/Trainee Increases/Adjustments for Attainment or Use of Critical Skill</li> </ul>			
<ul> <li>☐ End of Conditional Status</li> <li>☐ Transfers</li> <li>☐ Promotions</li> <li>☐ Demotions</li> <li>☐ Reinstatements</li> <li>☐ Pay Increases for Merit</li> <li>☐ Retention</li> </ul>			
<ul><li>☐ Pay Increases for Cost-of-Living</li><li>☐ Internal Alignments</li></ul>			
<ul><li>☐ Change in duties</li><li>☐ Redefinition of Duties</li><li>☐ Temporary/Acting Pay</li></ul>			
Competitive Salary Offer			
☐ Overtime Pay ☐ Overtime Leave			

	☐ Compensatory Leave	
☐ On Call Pay		
3.	What is the locality's approved method for determining the relative value of classifications and/or positions within the total compensation plan (Point Factor, Whole Job, Blended, Other)?  ☐ Include any forms or tools for the	
	method/procedure used.	
4.	How often are compensation studies conducted to ensure that locality salaries are competitive in the labor market and comparable to other local and/or state governments?	
5.	What is the methodology for converting individual salaries to the locality salary structure?  What is the conversion cost to the local agency, if applicable?	
<ul> <li>Locality HR Officer: Please indicate agreement with the following policies by signing in the right column by each statement:</li> <li>Agency employees are compensated at a level equal to or above the stateestablished comparable minimum salary rate for their classification.</li> <li>With the approval of the State Board of Social Services and the local governing body, the local board may provide the local director and other employees compensation in excess of the maximums permitted in the State Compensation Plan. Compensation above the state-established maximum salary rate is funded by county or city funds or available federal funds, as appropriate. The locality's reimbursement is capped at the stateestablished comparable maximum salary rate.</li> <li>The locality's classification plan, along with documentation relative to any revisions, is submitted to VDSS HR as changes occur and annually with the local LDSS Compensation Plan.</li> </ul>		Locality Human Resource Officer Signature:  Locality Human Resource Officer Signature:  Locality Human Resource Officer Signature:

E. CERTIFICATION BY THE CHIEF EXECUTIVE					
□ A letter, signed by the Chief Executive of the locality, certifies the locality's agreement to maintain a compensation system in conformance with the "Standards for a Merit System of Personnel Administration" (5CFR §900.603 and §900.604) is attached for submission along with the other documentation.					
F. CERTIFICATION OF AGREEMENT					
LDSS Local Board Chair					
·	I affirm the board's approval of adopting all local HR policies  1. The LDSS biennially resubmits the Classification & 1. Ifill federal auditing requirements.				
Name of LDSS:	LDSS Local Board Chair Signature:				
Name of Local Board Chair:	Date:				
Locality Human Resource Officer					
As the Human Resource Officer for the locality, I affi representation of this locality's classification and co	irm that the information provided herein is an accurate ompensation system.				
Name of Locality:	Locality Human Resource Officer Signature:				
Name of Locality Human Resource Officer:	Date:				
LDSS Local Director					
As the LDSS Local Director, I affirm that it is the responsibility of this LDSS to notify VDSS HR of any changes or revisions in the jurisdiction-wide HR plan prior to implementation.					
Name of LDSS:	LDSS Local Director Signature:				
Name of Local Director:	Date:				
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VDSS HR Use Only					
Name of VDSS HR Reviewer:	Signature of VDSS HR Reviewer:				
Role/Job Title:	Date:				
State Board Approval 🗌 Yes 🗌 No	Date:				