



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

**CLASSIFICATION & 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. LDSS AND LOCALITY INFORMATION					
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					

TYPE OF DEVIATION REQUEST:	<input type="checkbox"/> Classification and Compensation (complete all sections below)
	<input type="checkbox"/> Classification Only (complete sections B, C, E, and F below)
	<input type="checkbox"/> Compensation Only (complete sections B, D, E, and F below)

B. CLASSIFICATION AND COMPENSATION APPLICABILITY <i>(Attach additional information if necessary)</i>	
REVIEW CRITERIA	LOCAL DOCUMENTATION, REFERENCES AND COMMENTS
<p>1. Does the local Classification and Compensation system apply uniformly to all employees in the locality?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>2. List all supportive policy/procedures documentation in the local Classification and Compensation system.</p> <p><i>Attach copies of supporting documents (i.e., Employee handbook, policies, procedures, etc.).</i></p>	

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

As Chairman of the Local Board of Social Services, I affirm the board's approval of adopting all local HR policies and agreement with all HR system provisions herein. The LDSS biennially resubmits the Classification & Compensation Self-Analysis Form to VDSS-HR to fulfill 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 affirm that the information provided herein is an accurate representation of this locality's classification and compensation 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:

VDSS HR Use Only

Name of VDSS HR Reviewer:	Signature of VDSS HR Reviewer:
Role/Job Title:	Date:
State Board Approval <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: