



LOCAL POLICY REQUEST FORM
Division of Human Resources

Local Department of Social Services (LDSS): _____

Local Jurisdiction: _____ Proposed Effective Date: _____

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. Requests to adopt one or more of the locality's HR policies should be submitted by the LDSS local director to VDSS HR using this form. Submission of this form to VDSS HR acts as the local administrative board's formal request for a policy deviation. Adoption of the locality's HR policies becomes effective upon State Board approval. Deviation to the locality's grievance procedure does not require State Board approval. *

Instructions: For the "Policy Options" listed in the chart below, please indicate whether the LDSS is requesting adoption of the locality's HR policy. Choose all that apply. When submitting this form, it is advisable to attach a copy of the applicable locality HR policies to prevent delays in the review process.

Table with 4 columns: Policy Options, Local Jurisdiction Policy, Review Completed, and Reviewer Comments. Rows include Performance Evaluation, Standards of Conduct, Leave, Holiday Schedule, Inclement Weather, Probationary Period, Layoff, Classification, Compensation, Affirmative Action, Political Activity, and Grievance Procedure*.

Signature below indicates approval of this LDSS's policy request.

Name of Local Director _____ Signature of Local Director _____ Date _____

Name of Local Board Chairperson _____ Signature of Local Board Chairperson _____ Date _____

Signature below certifies that the locality HR policy submitted with this request applies to all eligible employees of the local government.

Name of Locality Administrator _____ Signature of Locality Administrator _____ Date _____

Name of Locality HR Officer _____ Signature of Locality HR Officer _____ Date _____

For VDSS-HR Use Only: Signature below indicates that the applicable HR policies of the locality identified above have been reviewed by VDSS HR.

Name of VDSS HR Reviewer _____ Signature of VDSS HR Reviewer _____ Date _____

State Board Approval [] Yes [] No Date: _____