



Name of Local Department of Social Services: _____

Name of Local Jurisdiction: _____ Proposed Effective Date: _____

Local administrative boards may choose to allow local departments to deviate from State Board approved policies by requesting to adopt specific local jurisdiction policies. Submission of this form serves as notice of the local administrative board's decision to allow this local department of social services to request to deviate from one or more of the State Board approved policies listed below and adopt the local jurisdiction policy or policies.

The local director must complete and submit this form to VDSS Human Resources for review prior to the State Board meeting where approval is sought. Adoption of the local jurisdiction becomes effective upon State Board approval. Deviation to the local jurisdiction's grievance procedure does not require State Board approval.*

For each policy option listed below, indicate if this local department of social services is requesting to adopt the local jurisdiction's policy. A copy of the applicable local jurisdiction policy or policies must be attached.

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 local department of social services' 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 local jurisdiction policy submitted with this request applies to all eligible employees of the local government.

Name of Local Jurisdiction Administrator _____ Signature of Local Jurisdiction Administrator _____ Date _____

Name of Local Jurisdiction HR Officer _____ Signature of Local Jurisdiction HR Officer _____ Date _____

For VDSS-HR Use Only: Signature below indicates that the applicable human resource policies of the local jurisdiction identified above have been reviewed by VDSS - Division of Human Resources.

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

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