



CLASSIFICATION & COMPENSATION SELF-ANALYSIS FORM FOR LOCAL DEPARTMENTS OF SOCIAL SERVICES

- The purpose of this form is to request and document justification for a local department of social services to deviate from the State Board classification and compensation policies and procedures in the Administrative/Human Resources Manual and adopt the classification and compensation procedures of the local jurisdiction.
- The request must be submitted for review to VDSS HR along with all required supporting documentation and signatures. Classification and/or Compensation deviation requests require State Board approval.

A. LOCAL DEPARTMENT OF SOCIAL SERVICES (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)

REQUIREMENTS	LOCAL DOCUMENTATION, REFERENCES AND COMMENTS
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B. CLASSIFICATION AND COMPENSATION APPLICABILITY

(Attach additional information if necessary)

<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>	
<p>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?</p> <p><i>(Attach a copy of the most recent certification, if available)</i></p>	

<p>3. What is the local jurisdiction's approved method for determining the relative value of classifications and/or positions within the total compensation plan (Point Factor, Whole Job, Blended, Other)?</p> <p><input type="checkbox"/> Include any forms or tools for the method/procedure used.</p>	<input type="checkbox"/>	
<p>4. How often are compensation studies conducted to ensure that local jurisdiction salaries are competitive in the labor market and comparable to other local and/or state governments?</p>	<input type="checkbox"/>	
<p>5. What is the methodology for converting individual salaries to the local jurisdiction salary structure?</p> <p>What is the conversion cost to the local agency, if applicable?</p> <p><i>The local jurisdiction's human resource officer shall indicate agreement with the following statements by signing in the right column by each statement:</i></p> <ul style="list-style-type: none"> • Employees of the local social services agency are not allowed to receive less compensation than the state established comparable minimum salary rate for that classification. • With the approval of the State Board of Social Services <u>and</u> 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 must be paid from county or city funds and/or any federal funds that are available and appropriate for such use. The local jurisdiction will not be reimbursed for more than the state established comparable maximum salary rate. • The local jurisdiction'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. 	<input type="checkbox"/>	<p>Local Jurisdiction Human Resource Officer Signature:</p> <p>Local Jurisdiction Human Resource Officer Signature:</p> <p>Local Jurisdiction Human Resource Officer Signature:</p>

E. CERTIFICATION BY THE CHIEF EXECUTIVE

A letter that 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) must be signed by the Chief Executive of the local jurisdiction and submitted along with the other documentation. (See sample of attached letter)

F. CERTIFICATION OF AGREEMENT

LDSS Local Board Chair

As Chairman of the Local Board of Social Services, I certify the local board's approval of this request to be part of the local jurisdiction's classification and compensation system and the local board's agreement with all of the provisions of the local classification and compensation plan contained herein. The LDSS will biennially re-submit the Classification & Compensation Self-Analysis Form to the Virginia Department of Social Services Division of Human Resources (VDSS HR) for purposes of satisfying federal auditing requirements.

Name of LDSS:	LDSS Local Board Chair Signature:
Name of Local Board Chair:	Date:

Local Jurisdiction Human Resource Officer

As the Human Resource Officer for the local jurisdiction, I certify that the information provided herein accurately represents this local jurisdiction's classification and compensation system.

Name of Locality:	Human Resource Officer Signature:
Name of Local Jurisdiction Human Resource Officer:	Date:

LDSS Local Director

I agree that it will be the responsibility of this LDSS to notify VDSS HR of any changes or revisions in the classification and compensation system 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: