

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 C	CONTACT	PHONE #				
LDSS C	ONTACT I	MAIL				
LOCALITY HR OFFICER NAME						
LOCALITY HR OFFICER PHONE #						
LOCALITY HR OFFICER EMAIL						
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TYPE O	F DEVIATI	ON REQUEST:	☐ Classification and Compensation (complete all sections below)			
			☐ Classification (Only (complete sect	ions B, C, E, and F b	elow)
			☐ Compensation Only (complete sections B, D, E, and F below)			
REQUIREMENTS				JMENTATION, RE AND COMMENTS	FERENCES	
B. CLASSIFICATION AND COMPENSATION A						
				PPLICABIILTY		
(Attach ac	lditional informati	ion if necessary)	PPLICABIILTY		
1. Does	Attach ac the local apply unif		ion if necessary) Compensation	PPLICABIILTY		
1. Does system	Attach ac the local apply unif	dditional informat Classification and o ormly to all employ	ion if necessary) Compensation	PPLICABIILTY		
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C. CLASSIFICATION		FOR VDSS HR USE AND LOCAL JURISDICTION		
		CERTIFICATI		
	REQUIREMENTS	√ REVIEW COMPLETE	LOCAL JURISDICTION HR DIRECTOR CERTIFICATIONS/ REVIEW TEAM COMMENTS	
re C S	Does the local jurisdiction's human esource system have a current lassification plan that includes class pecifications and established procedures or review and maintenance of the plan? Yes \text{No}			
	Please include the following locuments:			
	A copy of the local jurisdiction's classification policy.			
	List of all local jurisdiction classifications.A copy of each classification			
	description applicable to the LDSS			
	Local jurisdiction classification specification(s) that will be applicable to the social services employees.			
	Local jurisdiction classifications identify Non-Exempt or Exempt status from the overtime provisions of the Fair Labor Standards Act.			
	Classification plan identifies EEO-1 Job Categories.			
е	How often are positions reviewed to insure that job duties and responsibilities all within class specifications?			
re e re re s	Vill the local jurisdiction's human esource officer accept responsibility for insuring that all requests to establish, eallocate, or abolish positions are eviewed by the local jurisdiction prior to ubsequent approval by VDSS HR? Yes No			
r a s	plan, along with documentation relative to revisions, is submitted to VDSS HR as changes occur and annually with the local LDSS Compensation Plan.		Local Jurisdiction Human Resource Officer Signature: Local Jurisdiction Human Resource Officer Signature:	

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 local jurisdiction's human resource officer, and the local agency director.		Local Jurisdiction Human Resource Officer Signature:
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D.	COMPENSATION	FOR VDSS HR USE		
	REQUIREMENTS	√ REVIEW COMPLETE	LOCAL JURISDICTION HR OFFICER CERTIFICATIONS/ REVIEW TEAM NOTES	
1.	Does the local human resource 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? Yes No			
	Include: A copy of the local jurisdiction's compensation policy.			
	Current local jurisdiction compensation schedule.			
	Current local jurisdiction classification bands/grades.			
2.	Does the local jurisdiction's compensation system provide for fair and equitable treatment of employees? Yes No			
	Include specific policies with regard to: Appointments/Starting Pay/Competitive Salary Offers			
	End of Probation Increases/Trainee Increases/Adjustments for Attainment or Use of Critical Skill			
	☐ Transfers ☐ Promotions			
	Demotions			
	☐ Reinstatements ☐ Pay increases for merit			
	Pay increases for cost-of-living			
	☐ Internal alignments			
	Redefinition of duties			
	☐ Temporary/Acting Pay			
	Competitive Salary Offer			
	Overtime Pay			
	Overtime Leave			
	Compensatory Leave			
	☐ On Call Pay			

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)? ☐ Include any forms or tools for the method/procedure used.	
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?	
5.	What is the methodology for converting individual salaries to the local jurisdiction salary structure? What is the conversion cost to the local agency, if applicable?	
ofi fol	e local jurisdiction's human resource ficer shall indicate agreement with the flowing statements by signing in the right flumn by each statement: • 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 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 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	Local Jurisdiction Human Resource Officer Signature: Local Jurisdiction Human Resource Officer Signature: Local Jurisdiction Human Resource Officer Signature:

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 resubmit 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 jurisdict represents this local jurisdiction's classification and	tion, I certify that the information provided herein accurately 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 ☐ Yes ☐ No	Date:		