

# POLICY FORM

\* Required

\* This form will record your name, please fill your name.

1. Is this Policy and Procedure (P&P) new? \*



☐ Yes

☐ No (revised)

2. Policy Number \*

3. Policy Name \*

4. Type of Policy \*

☐ Clinical

☐ Administrative

5. Distribution Level \*

☐ Directly Operated

☐ Directly Operated and Contracted

6. Name of Policy Manager \*

7. Name of Division/Operation \*

8. Is this new or revised P&P due to a "legal mandate"? \*

- ☐ Yes
- ☐ No

9. If yes, specify the legal mandate and provide relevant details: \*

10. If yes, when does the Department need to implement this P&P? \*

11. Does this policy change working conditions such as wages, hours, work location, job duties, or how those duties are performed?

The Meyers-Milas-Brown Act (MMBA) defines a change in work environment as involving a shift in wages, hours, or other terms of employment, as well as a change in the services provided by the employer or how those services are delivered. If necessary, please contact the Employee Relations Unit at [DMHEmployeeRelations@dmh.lacounty.gov](mailto:DMHEmployeeRelations@dmh.lacounty.gov) for consultation. \*

- ☐ Yes
- ☐ No

12. If yes, please explain and provide information on any training that might be associated with this change. \*

13. Does this policy change job duties? If yes, please contact the Classification Unit at [Classification@dmh.lacounty.gov](mailto:Classification@dmh.lacounty.gov) to ensure the new duties fall within the scope of the classification. \*

- ☐ Yes
- ☐ No

14. Date the Policy Committee approved and/or presented the P&P: \*

15. Date the Policy Manager sent the P&P to the Executive Committee Sponsor for distribution to Deputies for feedback and review: \*