

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 *

- Administrative
- Clinical

5. Distribution Level *

- Directly Operated
- Directly Operated and Contracted

6. Name of Policy Manager *

7. Name of Division/Operation *

8. Reason for Policy Change (Deletion, Inclusion, Modification of Language) *

Check all that apply

- Scheduled policy review cycle
- Legislative or regulatory requirement
- Operational or Program necessity
- Other

9. Explanation (required if "Other" is selected)

10. If policy change is due to a legislative or regulatory requirement, please specify and provide relevant details:

11. Date the Department needs to implement this P&P due to legislative or regulatory requirement

12. Statement of Changes *

Please provide one to two sentences providing a summary of changes

13. Does this policy change working conditions? The Meyers-Milas-Brown Act (MMBA) defines a change in working conditions as any action that modifies wages, hours, or other terms & conditions of employment within the scope of representation. This includes changes to policies, procedures, or practices that affect how work is performed or the rules governing daily work activities. If necessary, please contact the Employee Relations Unit at DMHEmployeeRelations@dmh.lacounty.gov for consultation. *

Check all that apply

- No impact on working conditions
- Wages or compensation
- Work schedule or hours
- Work Location
- Workload or performance expectations
- Safety or compliance requirements
- Reporting, documentation, or recordkeeping requirements
- Other

14. Explanation (required if "Other" is selected)

15. Does this policy change job duties? If yes, please contact the Classification Unit at Classification@dmh.lacounty.gov to ensure the new duties fall within the scope of the classification. *

- No change to employee job duties
- Modifies existing job duties
- Adds new job duties

16. If job duties are modified or added, please complete the following:

Current duty, proposed change, frequency of duty (e.g. daily, weekly, monthly), and any training associated with this change.

17. List classifications, programs, or bargaining units impacted: *

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

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

