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| **Requestor’s Name** |  | **Telephone** |  | **Email** |
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|  |  |  |  |  |
| **Office** |  | **Section** |  | **Bureau** |
|  |  |  |  |  |
| ***Request Approved By:*** *(must be RA/Division Chief or above)* |
|  |  |  |  |  |
| **Name, Title** *(print)* |  | **Signature** |  | **Approval Date** |

 **↓** Check appropriate box(es) below:

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| *See* [*page 2*](#Instructions) *for instructions.*  |

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|[ ]  **Review\* by the Policy Section of a New or Revised Form DRAFT** |

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|  | \*Submit your request to the Policy Section to review your new or revised form DRAFT for policy compliance and workload impact prior to seeking Legacy 721/535 or 721/660 (Union) approval. The Policy Section will advise you if the requirement for Legacy approval is needed. Email the approved “Request for a New Form or Changes to An Existing Form” with the DRAFT form attached to: DCFS Policy Revision Requests. |
|  |  |
|[ ]  **Cancel Form** |
|  | This option is only to be used if the form is obsolete. If you are replacing/updating the current version then request should be for Review\* by the Policy Section, of a New or Revised Form DRAFT. Email the approved “Request for a New Form or Changes to An Existing Form” with the form to be cancelled attached to: DCFS Policy Revision Requests. |
|  |
|[ ]  **Translation of Existing Form into Another Language\*** *(SDD approval not required)* |
|  | Translations are obtained through DCFS Materials Management (Procurement) by contracted vendors and will be posted on LAKids upon completion. Email the approved “Request for a New Form or Changes to An Existing Form” to: DCFS Policy Revision Requests. |
|  | **\*Requested Language:** |
|  | **Form(s)** *(please list the number and title of the form – do not attach the form to this request)*: |
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|[ ]  **Posting of an approved\* New or Revised Form** |
|  | \*Approvals from Legacy 721/535 or 721/660 (Union) and Office of the Senior Deputy Director (SDD) are required before new or revised forms will be posted. Refer to approval process instructions on the reverse side of this form. |
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|  | ***Form Approved By:*** |  |  |  |
|  |  | **Senior Deputy Director** |  | **Approval Date** |

**General Instructions:**

1. Write the new form or insert changes to an existing form using Microsoft Word. (Forms written in Adobe may cause a delay in processing).
2. Complete the “[Request for a New Form or Changes to an Existing Form](#RequestforFormChange)” form including the appropriate Division Chief or Regional Administrator approval of the request.
* Submit a request to the Policy Section to review your new or revised form draft for policy compliance, workload impact and formatting consistency prior to seeking Legacy 721/535 or 721/660 (Union) approval. The Policy Section will advise you if the requirement for Legacy approval is needed.
* Email the approved “[Request for a New Form or Changes to An Existing Form](#RequestforFormChange)” with any attachments to DCFS Policy Revision Requests (RevisD@dcfs.lacounty.gov). Your request will be reviewed and you will be contacted regarding any follow-up and information as to when your request will be completed.

** COMPLETE THE FOLLOWING IF INSTRUCTED: **

1. If instructed by the Policy section, present the new or revised form draft to the appropriate 721/535 or 721/660 (Union) for review and comment.
* Email the new or revised form draft and request to be placed on the agenda to Labor Relations countt@dcfs.lacounty.gov
1. Following the Legacy 721/535 or 721/660 presentation and any agreed to revisions of the new or revised form draft, submit the new or revised form draft to the Office of the Senior Deputy Director (SDD) for final approval: nesj@dcfs.lacounty.gov and FORNIM@dcfs.lacounty.gov.
2. Following final approval from the Office of the Senior Deputy Director (SDD) and any agreed-to revision of the new or revised form draft, forward the finalized and approved form to the Policy Section.
* Email the approved final version of the form, any attachments and the “[Request for a New Form or Changes to an Existing Form](#RequestforFormChange)” form with Senior Deputy Director signature to: DCFS Policy Revision Requests.
1. The new form number (when applicable) and release date will be assigned upon receipt of all of the above and the form will be posted as quickly as possible.