Request for Approval of Local Equivalent Forms

Submit completed form and attachments to: otda.sm.Local.Equivalent.Requests@otda.ny.gov

Important Information

All information requested on this form is required. Requests submitted without a completed OTDA-5199 attached will be returned to the district unprocessed.

- · Approval is required whenever a local equivalent (LE) version of a state mandated form is proposed
- · Approval is not required for forms that are equivalent to non-mandated ("recommended") state-provided form
- A sample of the proposed LE with the additional information being added by the district highlighted must accompany this request form
- · LE electronic forms identical to state-printed or state electronic forms must be approved as local equivalent forms
- LE forms must have the same revision date as the current revision of the state mandated form
- · Districts with approved LE's must submit a new request for approval whenever the state mandated form is revised
- Expenses associated with the production and printing of LE's, in place of state-provided forms, are the
 responsibility of the local district.
- Document Services must receive a copy of the final approved LE prior to implementation
- Email subject lines for all submissions should mirror the following example: 7/18/22 Albany County LDSS-XXXX (Rev. XXXX) LE Request
- · All correspondence regarding your request must use the same subject line
- Resubmissions of denied requests must be submitted as a new request. You may attach a copy of the original denial for reference.

Section 1: Requesting District Information (to be completed by district)					
Submission Date	District/County Submitting Request				
Contact Name	Contact Title				
Email	Phone				

Section 2: State Mandated Form Information (to be completed by district)

LDSS Form Number Current Revision Date

LDSS Title/Name (please see LDSS E-Forms for reference)

Section 3: Local Equivalent Form Information (to be completed by district)					
Proposed LE Form Nun	nber (must include State Fo	orm # & "LE")			
Revision Date (must ma	atch state form)	Proposed Date of Imp	plementation (DC	OI)	
Proposed LE Title/Name	е				
Why is a local equivaler	nt needed? proposed local equivalent	will better meet the dis	strict's needs.		
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Section 4: Bureau/Pro	gram Response (to be co	mplete by document co	oordinator)		
Bureau/Program				Date of Approval/Denial	
Document Coordinator		Eı	mail		
Approved	Denied				
Reason for denial.					