



**READ AND ANSWER EACH ITEM.** Return this completed justification form to the appropriate Policy Development Coordinator after approvals are received. The Policy Development Unit will send an e-mail confirmation of policy deletion upon receipt of the approved request. All justification requests must be returned to the Policy Development Unit with original approval signatures.

1. Name of Policy Owner/Requestor:
2. Date of Request:
3. Office, Region, YDC:
4. Telephone Number:
5. What is the policy number & title?
6. What is the reason for requesting policy deletion?
7. Will a new DCS policy replace the policy requested for deletion? Yes  
No
8. If yes, what is the expected time-frame for new policy implementation?
9. If a delay in new policy implementation is expected, what is the proposed communication plan for affected staff?
10. Will the policy requested for deletion impact any other DCS Policies? Yes  
No
11. If yes, identify affected policies:
12. Additional Comments:
13. Have you secured a legal review/approval for this policy to be deleted? Yes  
No
14. If yes, by which Central Office Attorney?

**Ex. Director/Director/Regional  
Administrator/Superintendent Authorization**

The proposed policy deletion  
request has been reviewed and is

*Signature*

**Department of Children's Services  
Commissioner Approval/Denial**

*Signature*



Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: DCS Policy Development Unit

CS-1040

Rev: 11/16

