Document Services
(518) 474-9489

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 Number (must include State Form # & “LE”)

Revision Date (must match state form)

Proposed Date of Implementation (DOI)

Proposed LE Title/Name

Why is a local equivalent needed?
Please explain how the proposed local equivalent will better meet the district’s needs.

Section 4: Bureau/Program Response (to be complete by document coordinator)

Bureau/Program

Date of Approval/Denial

Document Coordinator

Email

☐ **Approved** ☐ **Denied**

Reason for denial.