STATE OF CALIFORNIA

OFFICE OF STATE PUBLISHING, SAM UNIT

SAM AUTHOR REVISION CHECKLIST

OSP 237 (Rev. 04/2005)

General Instructions and Information

State Administrative Manual (SAM) revisions include additions, deletions, or any changes to the SAM. Please attach this completed checklist to the front of the requested SAM revisions. Mark all revisions clearly **on a copy of the current SAM page** in colored ink or pencil. For lengthy revisions to text or images, mark SAM page where the revision is to occur and attach the revised text or image to the SAM page.

After the revisions are approved by the authorized individuals, complete and forward this checklist (with the revisions attached) to the: Office of State Publishing, SAM Unit, 344 North 7th Street, Sacramento, CA 95814.

For questions regarding the SAM revision process and for copies of this form, contact the SAM unit at (916) 327-8908, CALNET 8-467-8908.

ITEM	YES (X)	NO (X)	N/A (X)
1. Are the requested revisions clearly marked in colored ink or pencil; or is it otherwise clearly indicated where revisions should occur? (Note: **DO NOT** retype full pages for minor changes.)	X		
2. Are deletions and additions clearly noted as such? (Not necessary for chapter rewrites--see Item 10 below.)	X		
3. Has all the text been reviewed to determine if other revisions are required (e.g., spelling, grammar, rewording for clarification, etc.)?	X		
4. Have all cross-references been checked (e.g., other SAM sections, codes, regulations, statutes)? (Check the references in the impacted sections.)	X		
5. Have all impacted SAM authors and impacted state agencies approved the revisions? Provide the name and phone numbers of impacted authors in the "COMMENTS" section below so they may be contacted by SAM staff. (SAM Section 0030 contains telephone numbers of contacts who can direct you to the appropriate author.)	X		
6. Are any forms affected (i.e., substituted, revised, discontinued)? If yes, attach copies of the new forms to the revision package.			X
7. If any Standard (STD.) or General Services (GS) forms are affected, has the Department of General Services (DGS) Forms Management Center processed the form revision? (STD. and GS forms are not revised via the SAM revision process.)			X
8. Are revisions necessary to the Subject Index? If yes, submit the relevant Subject Index pages with the revisions clearly marked.		X	
9. Does the Chapter Index reflect the revisions? If not, please clearly indicate necessary revisions on a copy of the Chapter Index and submit it with the package.			X
10. Have you indicated after the section title whether the section is new, revised, or renumbered? (If renumbered, include the former numbers.)	X		
11. If the revision is a chapter rewrite, have you included a floppy disk containing the rewrite? (Microsoft Word for Windows is the preferred software.)			X
12. Has your agency's legal office reviewed and approved the revisions? (Non-DGS Departments)			X
13. Does this revision come from a particular Management Memo? If yes, give the memo number in the "COMMENTS" section below.		X	
14. Have you written and attached a **brief** summary of **all** your revisions? (Not necessary for chapter rewrites.)	X		
15. **If you are a Department of General Services division or office:** a. Has the revision been processed for approval through the DGS Office of Legal Services, your deputy director, and impacted DGS offices?			
b. If this revision impacts the working conditions of employees, has the DGS Labor Relations Section reviewed this revision?			

16. LIST REVISED SAM SECTIONS/COMMENTS

SAM section 8776.6 – Nonemployee Accounts Receivable, Contact Mila Pierre, SCO, 916-324-4428, mpierre@sco.ca.gov, SAM section 8002.1 – Fiscal Agents, SAM section 10507 – Entry No. 7

17. SIGNATURES

Legal Counsel_____ DGS Chief Deputy Director_____

Deputy Director_____ DGS Director_____

(If more signatures required – use back of form)

Please complete the following to indicate that your revisions are approved for publication in a SAM revision package.

AUTHOR'S (or CONTACT'S) AGENCY (Print)	AUTHOR'S (or CONTACT'S) NAME and TITLE (Print)	TELEPHONE NUMBER
Department of Finance	Theresa McKinney, Analyst	(916) 445-3434 Ext. 2167 FAX NUMBER (916) 445-2854

Author's Approval Signature	Date	Division or Office Chief's Approval Signature	Date
Theresa McKinney	11/13/13	Ana Struve	11/12/13