
Date: October 16, 2013
To: Debbie Baldwin
CalHR
From: Department of General Services
State Administrative Manual (SAM) Unit
Subject: REVIEW OF PROPOSED SAM REVISION #424 FOR DECEMBER 2013

SAM sections 400-422.1 is scheduled for publication in the upcoming SAM revision package #424 for December 2013.

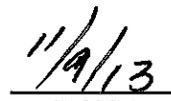
Please review the attached SAM pages to insure that this revision is correctly incorporated into SAM.

Indicate approval by inserting your signature below and returning this memorandum electronically no later than Friday, November 15, 2013.

If you have any questions or concerns, please contact me at 916-376-1862. Thank you for your cooperation.

Isaac Clark III
SAM Consultant
SAM Unit
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APPROVAL SIGNATURE


DATE

Attachments:

SAM AUTHOR REVISION CHECK LIST

OSP 237 (Rev. 3/13)

General Instructions and Information

State Administrative Manual (SAM) revisions include additions, deletions, or any changes to the SAM. Please attach this completed check list to the front of the requested SAM revisions.

Mark all revisions clearly on a copy of the SAM page(s) provided to you by the SAM Unit. For lengthy revisions to text or images, mark the SAM pages where the revision is to occur and attach the revised text or image to the SAM pages.

After the revisions are approved by the authorized individuals, complete and scan this check list and email (with the revisions attached) to SAM Unit @dgs.ca.gov.

For questions regarding the SAM revision process and for copies of this form, contact the SAM Unit.

ITEM		YES (X)	NO (X)	N/A (X)
1.	Are the requested revisions clearly marked with RED for additions and strike-through lines for deletions?	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 Unit 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.	Has your agency's legal office reviewed and approved the revisions?			X
12.	Does this revision come from a particular Management Memo? If yes, give the memo number in the "COMMENTS" section below.		X	
13.	Have you written and attached a brief summary of all your revisions? (Not necessary for chapter rewrites.)	X		
14. If you are a Department of General Services division or office:	a. Has the revision been processed for approval through the DGS Executive Office, DGS Office of Legal Services, your deputy director, and impacted DGS offices?			X
	b. If this revision impacts the working conditions of employees, has the DGS Labor Relations Section reviewed this revision?			X

16. LIST REVISED SAM SECTIONS

Revised Sam sections 0400 and 0422.1

17. COMMENTS

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
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Author's Approval Signature

11/9/13
Date


Division of Office Chief's Approval Signature

11.12.13
Date