

**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 [SAMUnit@dgs.ca.gov](mailto:SAMUnit@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	<input checked="" type="checkbox"/>		
2. Are deletions and additions clearly noted as such? (Not necessary for chapter rewrites--see Item 10 below.)	<input checked="" type="checkbox"/>		
3. Has all the text been reviewed to determine if other revisions are required (e.g., spelling, grammar, rewording for clarification, etc.)?	<input checked="" type="checkbox"/>		
4. Have all cross-references been checked (e.g., other SAM sections, codes, regulations, statutes)? (Check the references in the impacted sections.)	<input checked="" type="checkbox"/>		
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 APS staff. (SAM Section 0030 contains telephone numbers of contacts who can direct you to the appropriate author.)			<input checked="" type="checkbox"/>
6. Are any forms affected (i.e., substituted, revised, and discontinued)? If yes, attach copies of the new forms to the revision package.			<input checked="" type="checkbox"/>
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.)			<input checked="" type="checkbox"/>
8. Are revisions necessary to the Subject Index? If yes, submit the relevant Subject Index pages with the revisions clearly marked.			<input checked="" type="checkbox"/>
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.			<input checked="" type="checkbox"/>
10. Have you indicated after the section title whether the section is new, revised, or renumbered? (If renumbered, include the former numbers.)			<input checked="" type="checkbox"/>
11. Has your agency's legal office reviewed and approved the revisions?			<input checked="" type="checkbox"/>
12. Does this revision come from a particular Management Memo? If yes, give the memo number in the "COMMENTS" section below.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
13. Have you written and attached a brief summary of all your revisions? (Not necessary for chapter rewrites.)	<input checked="" type="checkbox"/>		
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?		<input checked="" type="checkbox"/>
	b. If this revision impacts the working conditions of employees, has the DGS Labor Relations Section reviewed this revision?		<input checked="" type="checkbox"/>
15. LIST REVISED SAM SECTIONS	c.		
	d.		

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) <i>Cal HR</i>	AUTHOR'S (or CONTACT'S) NAME and TITLE (Print) <i>Scott Dingsbury, Admin</i>	TELEPHONE NUMBER <i>916.324-4660</i>
Author's Approval Signature <i>[Signature]</i>	Date <i>1/16/2014</i>	Division or Office Chief's Approval Signature <i>[Signature]</i>
		Date <i>2/13/14</i>