

**State of California
Office of Administrative Law**

In re:

Division of Workers Compensation

Regulatory Action:

Title 8, California Code of Regulations

Adopt sections: 10133.31, 10133.32,
10133.33, 10133.34,
10133.35, 10133.36

Amend sections: 9813.1, 10116.9, 10117,
10118, 10133.53, 10133.55,
10133.57, 10133.58,
10133.60

Repeal sections: 10133.51, 10133.52

**NOTICE OF APPROVAL OF CERTIFICATE OF
COMPLIANCE**

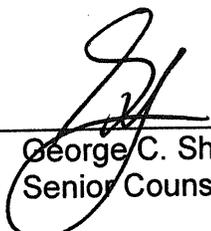
**Government Code Section 11349.1 and
11349.6(d)**

OAL File No. 2013-0927-01 C

This regulatory action makes changes to the Supplemental Job Displacement Benefit (SJDB) regulations to reflect statutory changes made pursuant to SB 863 (Chapter 363, Statutes of 2012), which took effect on January 1, 2013. These regulations establish requirements for employers, employees and physicians regarding offers of work, notifications and vouchers for retraining. The two repealed sections are effective on filing. The modifications to the remaining sections are effective January 1, 2014.

OAL approves this regulatory action pursuant to section 11349.6(d) of the Government Code.

Date: 11/8/2013


George C. Shaw
Senior Counsel

For: DEBRA M. CORNEZ
Director

Original: Destie Overpeck
Copy: Carol Finuliar

CERT

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-09)

OAL FILE NUMBERS	NOTICE FILE NUMBER <i>per agency request</i> Z-2013-0118-02	REGULATORY ACTION NUMBER 2013-0927-01C	EMERGENCY NUMBER
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ENDORSED FILED
IN THE OFFICE OF

2013 NOV -8 PM 3:26

Debra Bowen
DEBRA BOWEN
SECRETARY OF STATE

For use by Office of Administrative Law (OAL) only

2013 SEP 27 AM 9:15

OFFICE OF ADMINISTRATIVE LAW

NOTICE REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY
Department of Industrial Relations, Division of Workers' Compensation

AGENCY FILE NUMBER (if any)

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	NOTICE REGISTER NUMBER 2013-5-2		PUBLICATION DATE 2/1/2013

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Workers' Compensation - Supplemental Job Displacement Benefit	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) OAL File No. 2012-1214-01E; 2013-0620-01 EE
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)

SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT 10133.31, 10133.32, 10133.33, 10133.34, 10133.35, 10133.36
	AMEND 9813.1, 10116.9, 10117, 10118, 10133.53, 10133.55, 10133.57, 10133.58, 10133.60
TITLE(S) 8	REPEAL 10133.51, 10133.52

3. TYPE OF FILING

<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input checked="" type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))	<input type="checkbox"/> Other (Specify) _____		

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §14 and Gov. Code §11347.1)
5/16/13-5/31/13, 6/6/13-6/21/13, 7/3/13-7/18/13, 8/22/13-9/6/13

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

<input type="checkbox"/> Effective 30th day after filing with Secretary of State	<input type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> §100 Changes Without Regulatory Effect	<input checked="" type="checkbox"/> Effective other (Specify) <i>See Attached.</i>
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input type="checkbox"/> Other (Specify) _____		

7. CONTACT PERSON Carol Finuliar	TELEPHONE NUMBER 510-286-0660	FAX NUMBER (Optional) 510-286-0687	E-MAIL ADDRESS (Optional) cfinuliar@dir.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>Destie Overpeck</i>	DATE 9/23/13
TYPED NAME AND TITLE OF SIGNATORY Destie Overpeck, Acting Administrative Director, Division of Workers' Compensation	

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ENDORSED APPROVED

NOV 07 2013

Office of Administrative Law

Attachment to Form 400

Section B5

Effective on filing with the Secretary of State	Effective other (Specify): January 1, 2014
Regulations 10133.51, 10133.52	Regulations 9813.1, 10116.9, 10117, 10118, 10133.31, 10133.32, 10133.33, 10133.34, 10133.35, 10133.36, 10133.53, 10133.55, 10133.57, 10133.58, 10133.60