

**State of California
Office of Administrative Law**

In re:
Department of Industrial Relations

Regulatory Action:

Title 08, California Code of Regulations

Adopt sections:

Amend sections: 15600, 15601.5, 15602,
15603, 15604, 15605,
15606, 15606.1, 15607,
15608, 15609, 15611

Repeal sections:

NOTICE OF FILING AND PRINTING ONLY

Government Code Section 11343.8

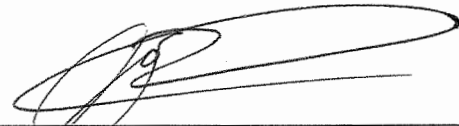
OAL Matter Number: 2025-0926-02

OAL Matter Type: File and Print Only (FP)

This action amends regulations to include a Fraud Surcharge assessment which is levied against employers and deposited into the Workers' Compensation Fraud Account for the investigation and prosecution of workers' compensation fraud. These changes are in response to statutory revisions made in Senate Bill 129 (Chapter 23, Statutes of 2025). This action was submitted as exempt from the rulemaking provisions of the Administrative Procedure Act and OAL review pursuant to Labor Code section 62.5.

OAL filed this regulation(s) or order(s) of repeal with the Secretary of State, and will publish the regulation(s) or order(s) of repeal in the California Code of Regulations.

Date: October 23, 2025



Jason W. Falina
Attorney

For: Kenneth J. Pogue
Director

Original: Katie Hagen, Director

Copy: Josh Iverson

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 10/2019)

FILE PRINT

For use by Secretary of State only

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER 2025-0926-02	EMERGENCY NUMBER FP
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

OCT 23 2025

AGENCY FILE NUMBER (If any)
7350

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 ☐ Notice re Proposed Regulatory Action ☐ Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn		NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Labor Code Section 62.5(f) Employer Assessments		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) JF	
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)		PER AGENCY REQUEST JF	
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT	AMEND	
TITLE(S) 8	REPEAL	15600, 15601.5, 15602, 15603, 15605, 15606, 15606.1, 15607, 15608, 15609, 15611, 15604	
3. TYPE OF FILING			
☐ Regular Rulemaking (Gov. Code §11346) ☐ 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. ☐ Emergency Readopt (Gov. Code, §11346.1(h)) ☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)			
☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) ☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1) ☒ File & Print ☐ Print Only			
☐ Emergency (Gov. Code, §11346.1(b)) ☒ Other (Specify) Labor Code 62.5(f)(5)			
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)			
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)			
☐ Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) ☒ Effective on filing with Secretary of State ☐ \$100 Changes Without Regulatory Effect ☐ Effective other (Specify)			
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
☐ Department of Finance (Form STD. 399) (SAM §6660) ☐ Fair Political Practices Commission ☐ State Fire Marshal			
☐ Other (Specify)			
7. CONTACT PERSON Josh Iverson		TELEPHONE NUMBER (916) 574-8692	FAX NUMBER (Optional) E-MAIL ADDRESS (Optional) jiverson@dir.ca.gov

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
Jennifer Osborn
Digitally signed by Jennifer Osborn
Date: 2025.09.26 09:50:05 -0700

DATE
9/26/25

TYPED NAME AND TITLE OF SIGNATORY
Jennifer Osborn, Director

PER AGENCY REQUEST
JF

For use by Office of Administrative Law (OAL) only

AUTHORIZED FOR FILING AND PRINTING

OCT 23 2025

Office of Administrative Law