

**State of California
Office of Administrative Law**

In re:
Department of Industrial Relations

Regulatory Action:

Title 08, California Code of Regulations

Amend sections: 17304

**NOTICE OF APPROVAL OF REGULATORY
ACTION**

Government Code Section 11349.3

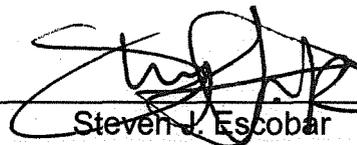
OAL Matter Number: 2017-0224-02S

OAL Matter Type: Regular (S)

In this regular rulemaking, the Department of Industrial Relations is amending section 17304 in title 8 of the California Code of Regulations. The amendments to Section 17304 extend the Return-to-Work Supplement application deadline for individuals who became eligible for the benefit prior to December 1, 2015, for an injury occurring on or after January 1, 2013.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 3/20/2017.

Date: March 14, 2017



Steven J. Escobar
Attorney

For: Debra M. Cornez
Director

Original: Christine Baker
Copy: Gayle T. Oshima

REGULAR
NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2016-0906-06	REGULATORY ACTION NUMBER 2017-0224-02S	EMERGENCY NUMBER
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ENDORSED - FILED
in the office of the Secretary of State
of the State of California

MAR 14 2017

1:39 p.m

For use by Office of Administrative Law (OAL) only	
NOTICE	REGULATIONS

2017 MAR 13 P 3:54

OFFICE OF ADMINISTRATIVE LAW

AGENCY WITH RULEMAKING AUTHORITY Department of Industrial Relations	AGENCY FILE NUMBER (if any)
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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 Disapproved/Withdrawn	ACTION ON PROPOSED NOTICE	NOTICE REGISTER NUMBER 2016,38-2	PUBLICATION DATE 09-16-2016

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Workers' Comp: Return-to-Work Supplement Program	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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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
AMEND 17304
REPEAL
TITLE(S) 8

3. TYPE OF FILING			
<input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code §11346) <input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) <input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))	<input 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"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) <input type="checkbox"/> File & Print <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) <input type="checkbox"/> Print Only

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)
<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) <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) March 20, 2017

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 Gayle Oshima	TELEPHONE NUMBER (510) 286-3824	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) goshima@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>Christine Baker</i>	DATE 3/10/2017
TYPED NAME AND TITLE OF SIGNATORY Christine Baker, Director of the Department of Industrial Relations	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

MAR 14 2017

Office of Administrative Law

per agency request J.J.C., 03-13-2017

NOTICE PUBLICATION/REGULATIONS SUBMISSION

REGULAR

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2016-0906-06	REGULATORY ACTION NUMBER 2017-0224-028	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	
AGENCY WITH RULEMAKING AUTHORITY Department of Industrial Relations			AGENCY FILE NUMBER (if any)

2017 FEB 24 P 3:10
OFFICE OF ADMINISTRATIVE LAW

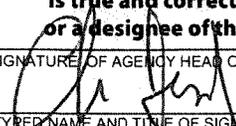
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SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT		
	AMEND 17304		
TITLE(S) 8	REPEAL		
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
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7. CONTACT PERSON Gayle Oshima	TELEPHONE NUMBER (510) 286-3824	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) goshima@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  Christine Baker, Director of the Department of Industrial Relations	DATE 2/24/17
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**TITLE 8. INDUSTRIAL RELATIONS
DIVISION 1. DEPARTMENT OF INDUSTRIAL RELATIONS
CHAPTER 8. OFFICE OF THE DIRECTOR
SUBCHAPTER 7. RETURN-TO-WORK SUPPLEMENT
ARTICLE 1.**

17304. Deadline for Application

(a) An application for the Return-to-Work Supplement must be received by the Return-to-Work Supplement Program within one year from the date the Voucher (DWC-AD Form 10133.32 (SJDB) Rev: 10/1/15, or later version) was served on the individual,

(b) Notwithstanding subdivision (a) of this section, an application for the Return-to-Work Supplement from any individual who was issued a Voucher prior to December 1, 2015, for an injury occurring on or after January 1, 2013, must be received by the Return-to-Work Supplement Program no later than ~~or within~~ one year from the effective date of this ~~subdivisionese regulations, whichever is later.~~

Note: Authority cited: Sections 54, 55 and 139.48, Labor Code.
Reference: Section 139.48, Labor Code.