

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS

NOTICE FILE NUMBER Z-

REGULATORY ACTION NUMBER

2016-0419-01FP

EMERGENCY NUMBER

For use by Office of Administrative Law (OAL) only

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

APR 21 2016 1:55 PM

2016 APR 19 P 12:35 OFFICE OF ADMINISTRATIVE LAW REGULATIONS

NOTICE

AGENCY WITH RULEMAKING AUTHORITY Department of Human Resources

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, 4. AGENCY CONTACT PERSON, TELEPHONE NUMBER, FAX NUMBER (Optional), OAL USE ONLY, ACTION ON PROPOSED NOTICE, NOTICE REGISTER NUMBER, PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Paid Leave Buy-Back, 1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)

2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related), SECTION(S) AFFECTED, TITLE(S)

3. TYPE OF FILING, Regular Rulemaking (Gov. Code § 11346), Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§ 11349.3, 11349.4), Emergency (Gov. Code, § 11346.1(b)), Certificate of Compliance, Emergency Readopt (Gov. Code, § 11346.1(h)), File & Print, 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, § 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, TELEPHONE NUMBER, FAX NUMBER (Optional), E-MAIL ADDRESS (Optional), Danny Brown, (916) 327-2348, (916) 322-8376, danny.brown@calhr.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, DATE, TYPED NAME AND TITLE OF SIGNATORY, Richard Gillihan, Director

For use by Office of Administrative Law (OAL) only, ENDORSED APPROVED, APR 21 2016, Office of Administrative Law