

**State of California  
Office of Administrative Law**

**In re:**  
**Department of Industrial Relations**

**Regulatory Action:**

**Title 08, California Code of Regulations**

**Adopt sections: 15606.1**

**Amend sections: 15600, 15601, 15603,  
15605, 15606, 15608,  
15611**

**NOTICE OF FILING AND PRINTING ONLY**

**Government Code Section 11343.8**

**OAL Matter Number: 2024-0611-06**

**OAL Matter Type: File and Print Only (FP)**

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This action proposes to adopt an assessment waiver for the Revolving Fund Assessment, Subsequent Injuries Fund Assessment, Labor Enforcement and Compliance Fund Assessment, Occupational Safety and Health Fund Assessment, and Uninsured Employers Fund Assessment amounts. 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 these regulations with the Secretary of State, and will publish the regulations in the California Code of Regulations.

**Date: July 24, 2024**



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**Ashita Mohandas  
Attorney**

**For: Kenneth J. Pogue  
Director**

**Original: Katie Hagen,  
Copy: Josh Iverson**

FILE PRINT

For use by Secretary of State only

OAL FILE NUMBERS	NOTICE FILE NUMBER <b>Z-</b>	REGULATORY ACTION NUMBER <b>2024-0611-06FP</b>	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)			

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

JUL 24 2024

1:59 PM

OFFICE OF ADMIN. LAW  
2024 JUN 11 PM 3:51

## 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	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER	PUBLICATION DATE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)	
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 15606.1	
		AMEND 15600, 15601, 15603, 15605, 15606, 15608, 15611	
TITLE(S) Title 8, Div 1, Ch 8		REPEAL	
3. TYPE OF FILING			
<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346) <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"/> 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 checked="" type="checkbox"/> File & Print <input type="checkbox"/> Print Only			
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b)) <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1) <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, §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 checked="" type="checkbox"/> Effective on filing with Secretary of State <input type="checkbox"/> §100 Changes Without Regulatory Effect <input type="checkbox"/> Effective other (Specify) _____			
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
<input 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 Josh Iverson	TELEPHONE NUMBER (916) 574-8692	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional)
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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 Katrina S. Hagen Digitally signed by Katrina S. Hagen Date: 2024.06.10 08:53:34 -0700	DATE 6/10/24
TYPED NAME AND TITLE OF SIGNATORY Katrina S. Hagen, DIR Director	

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AUTHORIZED FOR FILING AND PRINTING

JUL 24 2024

Office of Administrative Law