

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER	REGULATORY ACTION NUMBER	EMERGENCY NUMBER
	Z-	2022-0503-04	N

For use by Office of Administrative Law (OAL) only

OFFICE OF ADMIN. LAW
 2022 MAY 3 PM 4:19

NOTICE

REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY California Prison Industry Authority	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	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 Disapproved/Withdrawn		NOTICE REGISTER NUMBER	PUBLICATION DATE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) Recruitment and Appointment Process	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
	8004.2
TITLE(S)	REPEAL
15	

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 checked="" type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §511349.3, 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 Resubmittal of disapproved or withdrawn emergency filing (Gov.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, §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 checked="" 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 M. Doherty	TELEPHONE NUMBER 916-413-1140	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) moira.doherty@calpia.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.

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SIGNATURE OF AGENCY HEAD OR DESIGNEE William Davidson	DATE 4/27/2022
TYPED NAME AND TITLE OF SIGNATORY William Davidson, CALPIA General Manager and PIB Chair Delegate	

Proposed Text

In the following text:

Single strikeout indicates deleted text.

Single underline indicates added text.

Title 15	Crime Prevention and Corrections
Division 8.0	California Prison Industry Authority
Section	8004.2

§ 8004.2. Recruitment and Appointment Process.

(a) The CALPIA Prison Industries Administrator/Lead Manager at each facility ~~must be~~ responsible for coordinating the recruitment of incarcerated individuals with the institution/facility's correctional counseling staff or the classification services staff.

(b) Incarcerated individuals must obtain and complete the Worker Application and Intake IEP-F002/IEP-F003, 12/24/2015 Rev. H Form, which is incorporated by reference, to apply for a CALPIA work/training position. This form is ~~made~~ available by from CALPIA staff to the incarcerated individual population throughout institutions with CALPIA enterprises.

(c) Incarcerated individuals must submit completed forms referenced in subsection (b) to the correctional counselor staff at the incarcerated individual's institution to begin initial screening process.

(d) The Prison Industries Administrator/Lead Manager must, in coordination with the correctional counselor staff, conduct a central file review, ensuring eligibility standards and requirements, in sections 8004 and 8004.1 are met.

(e) Upon confirmation of program eligibility, incarcerated individuals who have applied for a CALPIA position and have been placed into CALPIA's Incarcerated Individual Candidate Pool (ICP) may be assigned to an appropriate work program in accordance with California Code of Regulations (CCR), Title 15, Division 3, Section 3040(c).

(f) Upon the availability of a vacant CALPIA position, CALPIA enterprise staff must:

(1) Request a list of eligible incarcerated individuals from the ICP from the institution/facility Assignment Lieutenant responsible for maintaining the ICP list.

(2) Interview incarcerated individuals from the ICP list.

(3) Make the final selection of incarcerated individuals based on priority of the following educational achievements:

(A) High School Diploma, high school equivalency (HSE) or GED or Certificate of Attendance and Participation (CAP).

(B) Enrolled in GED program or prescribed high school alternative course of study.

(C) No Diploma/GED/HSE or CAP and not enrolled in an education program or prescribed high school alternative course of study.

(4) Submit a final list of successful incarcerated individual applicants on the Offender Job Change Request Form (CALPIA Form SOMS F001 (3/26/2016)), hereby incorporated by reference; to the institution/facility's Assignment Lieutenant.

(g) In addition to the priorities set forth in subsection (f)(3)(A) through (C), CALPIA will also give consideration to part-time CALPIA incarcerated individuals who graduate from a substance

abuse program or complete any other CDCR rehabilitating programs when filling full-time assignments.

(h) A urinalysis test must be requested on all incarcerated individuals newly assigned to CALPIA within 30 days of their start date. See subsection 8004.3(a) for requesting guidelines.

(i) As part of the appointment process, the incarcerated individual's supervisor will provide to the inmate acknowledgement~~(s)~~ of policies, procedures, and appointment documents for review and signature on the Acknowledgement form (CALPIA FORM IEP F029 (8/1/2020)), hereby incorporated by reference. Failure or refusal to sign an acknowledgement of receipt of these documents ~~must~~will result in immediate removal and being unassigned from the CALPIA work program.

Authority: Sections 2801 and 2808, Penal Code.

Reference: Sections 2801 and 2805, Penal Code