SOS APA Form 001

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Mississippi State Personnel Board		**Sara E. DeLoach** **Special Assistant Attorney General** **Mississippi State Personnel Board**	**601-359-2708**	
ADDRESS **301 North Lamar Street, Suite 203**		CITY **Jackson**	STATE **MS**	ZIP **39201**
EMAIL **Sara.deloach@mspb.ms.gov**	SUBMIT DATE **05/24/11**	Name or number of rule(s): **Variable Compensation Plan for FY 2012 Policy Memorandum**		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: **The Variable Compensation Plan for FY 2012 Policy Memorandum establishes compensation policies for state employees under the purview of the Mississippi State Personnel Board for Fiscal Year 2012.**

Specific legal authority authorizing the promulgation of rule: **Mississippi Code Annotated § 25-9-103, 119, 147**

List all rules repealed, amended, or suspended by the proposed rule: **Mississippi State Personnel Board Variable Compensation Plan for FY 2012 Policy Memorandum**

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

☐ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing	**Action proposed:**	**Action taken:**
_____ Renewal of effectiveness	_____ New rule(s)	_X_ Adopted with no changes in text
To be in effect in _____ days	_____Amendment to existing rule(s)	_____ Adopted with changes
Effective date:	_____ Repeal of existing rule(s)	_____ Adopted by reference
_____ Immediately upon filing	_____ Adoption by reference	_____ Withdrawn
_____ Other (specify): _____	**Proposed effective date:**	_____ Repeal adopted as proposed
	_____30 days after final filing	**Effective date:**
	_____ Other (specify):	_X_ 30 days after filing
		_____ Other (specify): _____

Printed name and Title of person authorized to file rules:
Sara E. DeLoach
Special Assistant Attorney General
Mississippi State Personnel Board
Signature of person authorized to file rules: Sara E. DeLoach

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		FILED MAY 24 2011 MISSISSIPPI SECRETARY OF STATE
Accepted for filing by	**Accepted for filing by**	**Accepted for filing by** CB17777E

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.