

Mississippi Secretary of State
125 S. Congress Street, Jackson, MS 39201

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Department of Rehabilitation Services		CONTACT PERSON Karren Cresap	TELEPHONE NUMBER 662-258-7617	
ADDRESS 47 Early Grove Ave.		CITY Eupora	STATE MS	ZIP 39744
EMAIL kresap@mdrs.ms.gov	SUBMIT DATE 2/9/22	Name or number of rule(s): MDRS Compilation: Part 10: MDRS Workforce Programs Policy Manual		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This is the first filing of this Policy Manual.

Specific legal authority authorizing the promulgation of rule: 34 CFR 361

List all rules repealed, amended, or suspended by the proposed rule: None

ORAL PROCEEDING:

- ☒ An oral proceeding is scheduled for this rule on Date: 2-25-22 Time: 11:00am Place: Virtually via Zoom and Conference Call
- ☐ 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

____ Original filing
____ Renewal of effectiveness
To be in effect in ____ days
Effective date:
____ Immediately upon filing
____ Other (specify): ____

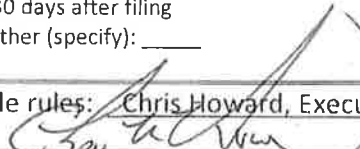
PROPOSED ACTION ON RULES

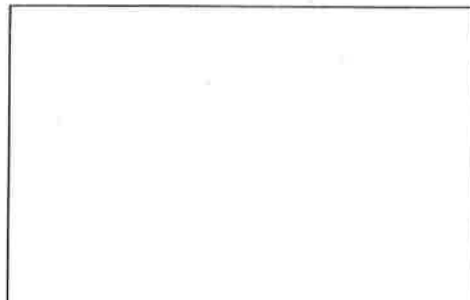
Action proposed:
☒ New rule(s)
____ Amendment to existing rule(s)
____ Repeal of existing rule(s)
____ Adoption by reference
Proposed final effective date:
☒ 30 days after filing
____ Other (specify): ____

FINAL ACTION ON RULES

Date Proposed Rule Filed: ____
Action taken:
____ Adopted with no changes in text
____ Adopted with changes
____ Adopted by reference
____ Withdrawn
____ Repeal adopted as proposed
Effective date:
____ 30 days after filing
____ Other (specify): ____

Printed name and Title of person authorized to file rules: Chris Howard, Executive Director

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP

Accepted for filing by

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26/24 Pom

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