Legislative Review Form

Weal JOSH FM

2015

King Coun	ty				2	201	5-	441	
Agency: Office of Labor Relations Contact person Patti Cole-Tindall Phone 263-2878									
Ordinance 🔀	Motion	Proviso	Rep	ort 🗌	Other [
Civil Division Prosecuting Attorney Review									
Name Susan Slonecker			Version Final			Date 8/21	/15		
Dept. Director or D	esignee Revie	<u>w</u>							
Name Patti Cole-Ti	indall		Version Fina	al .		Date 9/8/	15		
Performance Strategy & Budget Office Review									
Name Helene	Ellickson		Version 🔓	nal		Date			
Technical Form/Code Reviser Review - Confirm adherence to legislative format									
Name Bruce Ritzer	1		Version Fin	al		Date 8/20	0/15 /		
Executive Office Review & Transmittal Approval									
Name Helene	Ellickso	^	Version 6	nal		Date			
ENTRANCE CRITERIA REVIEW									
				EXE	OFFIC	CE (initials) KCC	CCLERK	
Fiscal note?				Y	MA NA		Y	NA 🗌	
KC Strategic Plan	reference in le	tter?		Y			Y	NA 🗌	
Proof read for spelling and grammar?				Y			Y	NA 🗌	
All pertinent attachments listed/labeled?				Y			Y	NA L	
Costs identified/described in letter				YL] NA	The second second	Y	NA L	
Regulatory Note Required and Complete?				YL	NA NA		Y	NA [] / (I)	
Formatted/Delivered in word-searchable doc format? Potential Annexation Area (PAA) impacts identified?				_	NA NA	X C	V	NA DAO	
Advertising required? if yes, cite all pertinent code/laws.] NA		ΥΠ	NA DAO	
Any special circum					NA	Ž /	Y	NA 🗆 🖊 O	
Other background information not included in transmittal letter, including explanation of impact to cities,									
county agencies, or stakeholders									