King County

county agencies, or stakeholders

Legislative Review Form

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King County		2	16-			
Agency: Office of Labor Relations Contact person Gerry Top			Phone <u>263</u>	-8653		
Ordinance Motion Provi	so Report	Other				
Civil Division Prosecuting Attorney Re	eview					
Name Susan Slonecker Version Final			Date 9/8/15	Date 9/8/15		
Dept. Director or Designee Review						
Name Gerry Topping	Version Final	Date 10/21/15				
Performance Strategy & Budget Office	e Review			· 2		
Name Helene Ellicken	Version final		Date		召	
Technical Form/Code Reviser Review	- Confirm adherence	e to legislati	ve format	F2 8	RECEIVED	
Name Bruce Ritzen	Version Final	\	Date 9/4/1	500		
Executive Office Review & Transmitte			* C	3		
Name Michelle Allien	Version fal		Date			
ENT	RANCE CRITERI	A REVIEW	<u>V</u>			
		EXEC OFF	ICE (initials)	KCC CI	ERK	
Fiscal note?		Y V NA			A 🔲	
KC Strategic Plan reference in letter?		Y V NA		Y NA		
Proof read for spelling and grammar?		Y V NA		Y NA		
All pertinent attachments listed/labele	d?	Y NA	The state of the s	Y NA	- 10	
Costs identified/described in letter			A V	Y NA		
Regulatory Note Required and Complete?			VV	Y NA		
Formatted/Delivered in word-searchable doc format?		Y X NA		Y NA	_ 110	
Potential Annexation Area (PAA) impacts identified?		No.	/ A c	Y NA		
Advertising required? if yes, cite all pertinent code/laws.			Y A A	Y NA	- 2 (
Any special circumstances affecting p	rocessing time?	Y NA	A X	Y NA	A LINO	
Other background information not inc	luded in transmittal	letter, includ	ling explanatio	n of impac	et to cities,	