WEM WOOD WING County

Legislative Review Form

Casor contract

al DPD

managers &

supervisors

2016-002

Agency: Office of Labor Relations Contact person Gerry Topping			Phone <u>263-8653</u>			
Ordinance Motion Prov	iso Report	Other				
Civil Division Prosecuting Attorney R	eview					
Name Susan Slonecker Version Final			Date 11/24/15			
Dept. Director or Designee Review						
Name Gerry Topping	me Gerry Topping Version Final		Date 12/7/15			
Performance Strategy & Budget Office	Review					
Name Andy Bauck	Version 6	el .	Date			
Technical Form/Code Reviser Review - Confirm adherence to legislative format Name Bruce Ritzen Version Final Date 11/18/152 Executive Office Review & Transmittal Approval Name Michille Attisch Version & Date						
Name Bruce Ritzen	Version Final		Date 11/1		<u> </u>	
Executive Office Review & Transmittal Approval				E C	P	<u> </u>
Name Michelle Altison	Version fina	.(Date	OUNCIL	 	
ENTI	RANCE CRITER	RIA REVIEW				
	a	EXEC OFFIC	E (initials)	KCÇ	CLE	RK
Fiscal note? KC Strategic Plan reference in letter? Proof read for spelling and grammar? All pertinent attachments listed/labeled Costs identified/described in letter Regulatory Note Required and Complet Formatted/Delivered in word-searchabl Potential Annexation Area (PAA) impa Advertising required? if yes, cite all per Any special circumstances affecting pro-	te? e doc format? cts identified? tinent code/laws.	Y NA NA CY	V .	Y	NA [
Other background information not inclu	ded in transmittal	letter, including	explanatio	n of im	nact to	cities

Other background information not included in transmittal letter, including explanation of impact to cities, county agencies, or stakeholders