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**King County**

**Legislative Review Form**

International  
Brotherhood of  
Teamsters Local 117

(Transit Section Managers  
AOT) Agreement

**2018-307**

Agency: Office of Labor Relations Contact person Megan Pedersen Phone 263-2898

Ordinance  Motion  Proviso  Report  Other

Civil Division Prosecuting Attorney Review

Name Susan Slonecker Version Final

Date 5/7/18

Dept. Director or Designee Review

Name Megan Pedersen Version Final

Date 6/5/18

Performance Strategy & Budget Office Review

Name Tricia Davis Version Final

Date 7/2/18

Technical Form/Code Reviser Review – Confirm adherence to legislative format

Name Bruce Ritzen Version Final

Date 5/1/18

Executive Office Review & Transmittal Approval

Name Shannon Braddock Version Final

Date 7-2-18

RECEIVED  
2018 JUL -3 PM 4: 09  
CLERK  
KING COUNTY COUNCIL

**ENTRANCE CRITERIA REVIEW**

**EXEC OFFICE (initials) KCC CLERK**

	Y	NA	LW	Y	NA	LW
Fiscal note?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
KC Strategic Plan reference in letter?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Proof read for spelling and grammar?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
All pertinent attachments listed/labeled?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Costs identified/described in letter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LW	<input type="checkbox"/>	<input type="checkbox"/>	NO ✓
Regulatory Note Required and Complete?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LW	<input type="checkbox"/>	<input type="checkbox"/>	NO ✓
Formatted/Delivered in word-searchable doc format?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Potential Annexation Area (PAA) impacts identified?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LW	<input type="checkbox"/>	<input type="checkbox"/>	NO ✓
Advertising required? if yes, cite all pertinent code/laws.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LW	<input type="checkbox"/>	<input type="checkbox"/>	NO ✓
Any special circumstances affecting processing time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LW	<input type="checkbox"/>	<input type="checkbox"/>	NO ✓

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