

CAW  
CB  
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# Legislative Review Form

## 2017-490

*Sick leave  
code update*



### King County

Agency: DES/HRD Contact person: Denise R. Pruitt Phone 206-477-3230

Ordinance  Motion  Proviso  Report  Other

#### Civil Division Prosecuting Attorney Review

Name Susie Slonecker Version Final Date: Oct. 30, 2017

#### Dept. Director or Designee Review

Name Whitney Abrams, Chief People Officer Version Final Date: Nov 1, 2017

#### Performance Strategy & Budget Office Review

Name *TJ Stutman* Version *Final* Date

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

Name Bruce Ritzen Version Final Date Nov. 1, 2017 ✓

#### Executive Office Review & Transmittal Approval

Name *Shannon Braddock* Version *Final* Date

RECEIVED  
2017 NOV 15 PM 3:45  
KCC CLERK  
P.O. BOX 340000  
SEATTLE, WA 98134

### ENTRANCE CRITERIA REVIEW

#### EXEC OFFICE (initials) KCC CLERK

Fiscal note?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	<i>✓</i>	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
KC Strategic Plan reference in letter?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	<i>✓</i>	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
Proof read for spelling and grammar?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	<i>✓</i>	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
All pertinent attachments listed/labeled?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	<i>✓</i>	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>
Costs identified/described in letter?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	<i>✓</i>	Y <input type="checkbox"/>	NA <input type="checkbox"/>
Regulatory Note Required and Complete?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	<i>✓</i>	Y <input type="checkbox"/>	NA <input type="checkbox"/>
Formatted/Delivered in word-searchable doc format?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	<i>✓</i>	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
Potential Annexation Area (PAA) impacts identified?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	<i>✓</i>	Y <input type="checkbox"/>	NA <input type="checkbox"/>
Advertising required? if yes, cite all pertinent code/laws.	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	<i>✓</i>	Y <input type="checkbox"/>	NA <input type="checkbox"/>
Any special circumstances affecting processing time?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	<i>✓</i>	Y <input type="checkbox"/>	NA <input type="checkbox"/>

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