

RD
TVE
Bouyancy/Walsh

Legislative Review Form



King County

WTD-TEA
2015-010

Agency: Office of Labor Relations Contact person Gerry Topping Phone 263-8653

Ordinance Motion Proviso Report Other

Civil Division Prosecuting Attorney Review

Name Susan Slonecker Version Final Date 11/9/15

Dept. Director or Designee Review

Name Gerry Topping Version Final Date 11/16/15

Performance Strategy & Budget Office Review

Name John Walsh Version final Date _____

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

Name Bruce Ritzen Version Final Date 9/18/15

Executive Office Review & Transmittal Approval

Name Michelle Allison Version final Date _____

RECEIVED
 2015 DEC 15 PM 4: 01
 KING COUNTY COUNCIL
 CLERK

ENTRANCE CRITERIA REVIEW

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

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