



MIAMI-DADE COUNTY
HUMAN RESOURCES DEPARTMENT
LABOR RELATIONS

Reset Form

Print Form

PUBLIC RECORDS REQUEST

			Date of Request																															
Requester's Name		E-mail	Phone Number	Facsimile																														
Address		City		State Zip Code																														
Explain the type of item requested:																																		
Explain the type of report requested:		Fields required on the report:																																
		Department Name	Job Title	_____																														
		f Last Name	Biweekly Rate	_____																														
		First Name	Annual Salary	_____																														
		Employee ID	_____	_____																														
<p>Miami-Dade County Administrative Order (AO) 4-48 dictates fees as follows: Any labor requiring 20 minutes or more for the assembly, retrieval or copying of the material in question, including extensive computer programming or operation, and/or active participation, of clerical or supervisory staff. *Include fringe benefits as provided for in AO 4-48.</p> <p>Quantity & Cost</p> <p>Number of Single-Sided Copies X \$ 0.15 = <input style="width: 50px;" type="text"/></p> <p>Report on Compact Disc \$12.00 = <input style="width: 50px;" type="text"/></p> <p>Labor Cost</p> <table style="width: 100%;"><thead><tr><th style="text-align: left;"><u>Task</u></th><th style="text-align: left;"><u>No. of Hours</u></th><th style="text-align: left;"><u>Hourly Rate*</u></th><th></th><th></th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>X _____</td><td>=</td><td><input style="width: 50px;" type="text"/></td></tr><tr><td>_____</td><td>_____</td><td>X _____</td><td>=</td><td><input style="width: 50px;" type="text"/></td></tr><tr><td>_____</td><td>_____</td><td>X _____</td><td>=</td><td><input style="width: 50px;" type="text"/></td></tr><tr><td colspan="3">Priority Mailing Charge for Shipping of Documents</td><td>=</td><td><input style="width: 50px;" type="text"/></td></tr><tr><td colspan="3">Total Estimated Amount</td><td>=</td><td><input style="width: 50px;" type="text"/></td></tr></tbody></table>					<u>Task</u>	<u>No. of Hours</u>	<u>Hourly Rate*</u>			_____	_____	X _____	=	<input style="width: 50px;" type="text"/>	_____	_____	X _____	=	<input style="width: 50px;" type="text"/>	_____	_____	X _____	=	<input style="width: 50px;" type="text"/>	Priority Mailing Charge for Shipping of Documents			=	<input style="width: 50px;" type="text"/>	Total Estimated Amount			=	<input style="width: 50px;" type="text"/>
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<p>I agree to pay the above estimated amounts, including any undetermined amounts as a direct result of additional labor or copies. My signature below authorizes Miami-Dade County, Human Resources to proceed with the Public Records Request.</p> <p>THIS IS NOT A BILL, ONLY AN ESTIMATE. (Please sign approval of estimated costs to proceed with this request). Invoice will follow upon completion of request.</p>																																		
Signature				Date																														