

Mason County Eastern Schools

FOIA FEE ITEMIZATION FORM

Requestor's Name _____	Date on Request _____
<input type="checkbox"/> Hand-Delivered <input type="checkbox"/> U.S. Mail <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Other _____	Date Received ¹ _____

_____ Estimated Fee	-or-	_____ Actual Fee
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Record available on website but copy nonetheless requested: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Labor Costs					
Item Description ²	Hourly Rate ³	Fringe Benefit % ⁴	Overtime Rate ⁵	No. of 15 minute increments ⁶	Total Charge
Searching/Locating/Examining Records	Employee Hourly wage ⁷ _____ x	1. _____ +/- =	\$ _____ =	\$ _____ / 4 = \$ _____ x _____ (increments) =	\$ _____
Separating and Deleting Exempt from Nonexempt Information/Records	<input type="checkbox"/> Employee Hourly wage _____ x	1. _____ +/- =	\$ _____ =	\$ _____ / 4 = \$ _____ x _____ (increments) =	\$ _____
	OR <input type="checkbox"/> Contracted Labor Costs _____ x (Not to exceed 6x State minimum wage)			\$ _____ / 4 = \$ _____ x _____ (increments) =	
Duplicating or Publishing Records ⁸	Employee Hourly wage \$15.46 x	1. <u>50%</u> +/- =	\$23.19 =	\$ _____ / 4 = \$ _____ x _____ (increments) =	\$ _____
Name of person or firm engaged under contract to separate and delete exempt from nonexempt information/records, if applicable: _____				Subtotal Labor Costs = \$ _____	

Copying Cost for Paper Copies ⁹						
Letter (8½" x 11") paper at \$0.____ each ¹⁰	Legal (8½"x 14") paper at \$0.____ each	Size _____ paper at \$0.____ each	Size _____ paper at \$0.____ each	Total Charge		
No. of Sheets ____ x \$0.14 = \$ _____	No. of Sheets ____ x \$0.14 = \$ _____	No. of Sheets ____ x \$0.____ = \$ _____	No. of Sheets ____ x \$0.____ = \$ _____	\$ _____		
Postal Delivery Charges						
Cost of Packaging	Postage Cost	Cost of Delivery Confirmation	Special Shipping Cost	Insurance Cost	Overnight/ Special Request	Total Charge
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Cost \$ _____	\$ _____
Non-Paper Physical Media						
USB Flash Drives	Computer Discs	Other Digital Media	Other/ Special Requested?	Total Charge		
\$ ____ x number used ____ = \$ _____	\$ ____ x number used ____ = \$ _____	\$ ____ x number used ____ = \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Cost \$ _____	\$ _____		
Discounts Qualified for \$20 Discount? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, subtract \$20.00. <input type="checkbox"/> Indigence (maximum of 2 discounts per calendar year) <input type="checkbox"/> State Designated Non-Profit (e.g., MPAS) (unlimited number of discounts) Qualified for Waiver or Reduction as primary and benefiting the general public? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, insert amount of waiver or reduction. \$ _____					(\$ _____)	
TOTAL FEE = \$ _____						
If estimated fee is over \$50.00, the [District][ISD][PSA] shall charge a good faith deposit of 50 % of the estimated fee.				Amount of Deposit \$ _____	Estimated Date Available	Paid? <input type="checkbox"/> Yes <input type="checkbox"/> No
If a good faith deposit is paid, subtract the amount of the good-faith deposit received.					(\$ _____)	
Reduction for untimely response by [District][ISD][PSA]? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, subtract 5% of labor costs x ____ days late [up to a maximum 50% reduction of labor costs] = _____ reduction. Diverted to Spam/Junk Mail? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, indicate date and time delivered to Spam/Junk Mail [_____, 20__ at ____ am/pm] and date and time discovered in Spam/Junk Mail [_____, 20__ at ____ am/pm]. ¹¹					(\$ _____)	
TOTAL DUE = \$ _____						

FOR INTERNAL USE ONLY

REQUESTED INFORMATION TO BE: <input type="checkbox"/> Provided without charge <input type="checkbox"/> Mailed upon receipt of payment <input type="checkbox"/> Paid and picked up in person	Check/Money Order #: _____ From: _____
Date Payment Received: _____	Date Documents Mailed: _____
Deposit payment in WSESD Account #: _____	ASN: _____

Distribution: Requestor
Mason County Eastern Schools
Central Business Office
Mason County Eastern FOIA Coordinator

1 A FOIA request is received on the date that it is hand-delivered, or that U.S. Mail is delivered, to the Mason County Eastern Schools. A FOIA request is treated as received on the next business day if sent via facsimile, email or other electronic transmission; provided, however, the special rules apply to an email re-directed to a SPAM or trash account. (See n. 11)

2 A fee shall not be charged to search, locate, examine, review or delete/separate/redact exempt from nonexempt information unless failure to charge would result in unnecessarily high costs to the Mason County Eastern Schools.

3 The hourly rate shall not be more than the hourly wage of the lowest-paid staff member capable of performing the labor in the particular instance.

4 The Mason County Eastern Schools will add up to 50% to the applicable labor charge amount to cover or partially cover the cost of fringe benefits. 100% of fringe benefit costs will be added to the applicable labor charge if a requestor stipulates that records available on the Mason County Eastern Schools website nonetheless are requested to be provided in a paper format or in a specific form of electronic media. Under no circumstances shall the Mason County Eastern Schools charge more than the actual cost of fringe benefits.

5 Overtime rates shall not be included in the calculation of labor costs unless overtime is specifically requested by the requestor and agreed upon by the Mason County Eastern Schools.

6 In general, labor cost shall be estimated and charged in increments of 15 minutes, with all partial time increments rounded down. (See note 8 for exception.) Divide the resulting hourly wage(s) by four to determine the charge per 15-minute increment.

7 If more than one employee is completing any task, use additional cost itemization forms to note each employee's hourly wage, fringe benefits, and time separately.

8 Labor costs for duplicating or publishing records may be estimated and charged in time increments of the Mason County Eastern Schools choosing, with all partial time increments rounded down. The Mason County Eastern Schools has determined to charge labor costs for duplicating or publishing records in 15-minute increments.

9 The Mason County Eastern Schools utilize the most economical means available for making copies, including using double-sided printing.

10 The fee shall not exceed 10 cents per sheet of paper (one-sided or two-sided) for copies made on "8½ x 11" or "8½ x 14" sheets of paper.

11 If a written request is sent by electronic mail and delivered to the public body's spam or junk-mail folder, the request is not received until 1 day after the public body first becomes aware of the written request. The public body shall note in its records both the time a written request is delivered to its spam or junk-mail folder and the time the public body first becomes aware of that request.