

PROCLAMATION ROUTING SHEET

Date Prepared: ~~06/21/2016~~ 6/28/16

Need Date: ~~06/28/2016~~ ASAP

BOS date of 7/19/2016

PROCESSING DEPARTMENT:

Department: Probation

Dept. Contact: Darci Prall

Phone #: Ext. 6076

Department: _____

Head Signature: [Signature]

DEPARTMENT:

Probation

Service Requested: Proclamation recognizing July 17th through July 23rd, 2016 as "probation Supervision Week".

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: X Disapproved: _____ Date: 7/6/16 By: [Signature]

Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2016 JUN 28 PM 1:55

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____