

REVIEW AND APPROVAL REQUESTED FOR:

☐ Contract ☐ Amendment ☒ Resolution ☐ Ordinance ☐ Policy ☐ Other

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 12/4/24Need Date: 12/20/24**PROCESSING DEPARTMENT**Department: Human ResourcesOrg Code: 0800000Dept Contact: Monique Heredia

Funding Source: _____

Phone: x5518

PL String: _____

Department _____

Head Signature: Joseph Carruesco Digitally signed by Joseph Carruesco
Date: 2024.12.05 11:28:47 -08'00'Legistar #: 24-5154**CONTRACT INFORMATION**

CONTRACT #: _____

CONTRACT AMENDMENT #: _____

Contracting Department: _____

Contractor/Vendor Name: _____

Contract Term: _____ Contract Value: _____

*Note - HR & RISK review will take place during Fenix Contract workflow - except for contract amendments.***ORDINANCE/RESOLUTION/POLICY INFORMATION**TITLE / SUBJECT: Classification Title Change

NUMBER (If Assigned): _____

ADDITIONAL DETAILS AND NOTES FOR COUNTY COUNSELClassification title change: Health Educator to Health Education Coordinator**COUNTY COUNSEL**

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Date: <u>12/5/24</u>	By: <u>Stephen Mansell</u>	<small>Digitally signed by Stephen Mansell Date: 2024.12.05 16:39:13 -08'00'</small>
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Date: _____	By: _____	

COMMENTS
