

Legistar #: _____

RESOLUTION ROUTING SHEET

Date Prepared: _____

Need Date: _____

PROCESSING DEPARTMENT:

Department: Human Resources

Contact Name: _____

Phone: _____

Email Address: _____

Department Head Signature: _____

Requesting Department: _____ Org Code: _____

Service Requested: Resolution Review

Description:

COUNTY COUNSEL:

Approved:

Disapproved:

Date: _____

County Counsel Signature: _____

County Counsel Comments:

HR APPROVAL: N/A (Resolution)

RISK MANAGEMENT: N/A (Resolution)

PLEASE EMAIL CHANGES/APPROVAL TO DEPARTMENT CONTACT