Legistar #: \_\_\_\_\_

## **RESOLUTION ROUTING SHEET**

Date Prepared:	Need Date:
PROCESSING DEPARTMENT:	
Department: Human Resources	
Contact Name: Lauren Montalvo	Phone:
Email Address:	
Department Head Signature: Joseph Carrue	Digitally signed by Joseph Carruesco Date: 2024.07.22 12:04:32 -07'00'
Requesting Department:	Org Code:
Service Requested: Resolution Review	
Description: Local 1 Mobile Crisis Differential LOA Review	/
COUNTY COUNSEL:	
Approved: 🖌 Disapproved: 🗌 D	ate: 7/24/2024
County Counsel Signature: Stephen Man	Sell Digitally signed by Stephen Mansell Date: 2024.07.24 09:45:34 -07'00'
County Counsel Comments:	

HR APPROVAL: N/A (Resolution) RISK MANAGEMENT: N/A (Resolution)

PLEASE EMAIL CHANGES/APPROVAL TO DEPARTMENT CONTACT