Legistar #: _____

RESOLUTION ROUTING SHEET

Date Prepared:	Need Date:
PROCESSING DEPARTMENT:	
Department: Human Resources	
Contact Name: Misty Garcia	Phone: 5388
Email Address: LRU@edcgov.us	
Department Head Signature:	10/30/2024
Requesting Department: Human Resources	Org Code: 0800000
Service Requested: Resolution Review	
Unrepresented Salary and Benefits Res COUNTY COUNSEL:	
Approved: Disapproved:	Date: 10/30/2024.
County Counsel Signature: Stephen M	Digitally signed by Stephen Mansell Date: 2024.10.30 16:42:57 -07'00'
County Counsel Comments: Approved as revised,	

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