

REVIEW AND APPROVAL REQUESTED FOR:

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

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 4/1/25Need Date: 4/4/25**PROCESSING DEPARTMENT**Department: Human ResourcesOrg Code: 0800000Dept Contact: Jordan Meyer

Funding Source: _____

Phone: 5623

PL String: _____

Department _____

Head Signature: Legistar #: TBD**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: _____

NUMBER (If Assigned): _____

ADDITIONAL DETAILS AND NOTES FOR COUNTY COUNSEL

Investigative Assistant II salary correction

COUNTY COUNSEL

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Date: <u>4/2/25</u>	By: <u>Stephen Mansell</u>	<small>Digitally signed by Stephen Mansell Date: 2025.04.02 11:59:09 -0700</small>
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Date: _____	By: _____	

COMMENTS
