

Legistar #: _____

RESOLUTION ROUTING SHEET

Date Prepared: 2/25/20

Need Date: 2/28/20

PROCESSING DEPARTMENT:

Department: Human Resources

Dept. Contact Name: Jordan Meyer Phone: 55023

Department Head Signature: _____

Requesting Department: HHSA Org Code: 5110100

Service Requested: Resolution Review

Description:
Add 1.0FTE Social Worker I/II in HHSA

EDC COUNTY COUNSEL
2020 FEB 26 AM 7:31
RCVD FEB 26 2020

COUNTY COUNSEL:

Approved: Disapproved: _____ Date: 2/26/20 By: Stephen L. Maxwell

County Counsel Comments:

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

PLEASE CALL x 5023 FOR PICK-UP. THANKS!