

# RESOLUTION ROUTING SHEET

Date Prepared: 3/17/21

Need Date: 3/24/21

**PROCESSING DEPARTMENT:**

Department: Human Resources

Contact Name: Jordan Meyer

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Department Head Signature: \_\_\_\_\_

Requesting Department: HHSA Org Code: 510000

Service Requested: Resolution Review

Description:  
Add 2.0FTE Social Worker I/II to HHSA

**COUNTY COUNSEL:**

Approved:

Disapproved:

Date: 03/23/2021

County Counsel Signature: Paula Frantz

Digitally signed by Paula Frantz  
Date: 2021.03.23 13:05:52 -05'00'

County Counsel Comments:

HR APPROVAL: N/A (Resolution)

RISK MANAGEMENT: N/A (Resolution)

**PLEASE EMAIL CHANGES/APPROVAL TO DEPARTMENT CONTACT**