Legistar #: \_\_\_\_\_19-1488

## **RESOLUTION ROUTING SHEET**

Date Prepared: 4 15 10	Need Date: _	9/20/19	
PROCESSING DEPARTMENT:			
Department: Human Resources			
Dept. Contact Name: Judan Muyer	Phone:	X5423	
Department Head Signature:	LUCA	~	
Requesting Department: HP CAU	Org Co	ode: 0 (1000)	0
Service Requested: Resolution Review			
Description: - Establish Jub Class, salary & BU - Abolish somedical Billing Assistant - Amend Allocations: (AN - Add 1.0 FTE Medical Billing)	-madical Billi & Medical Bil Technician, 1	ng Technic Widog Superv	ion box classifications amin Analyst III
COUNTY COUNSEL:			
Approved:	Date: 1/25/	/19 By:	Laples 1. Nauel
County Counsel Comments:			
Approved as revised, 9/25/19			

HR APPROVAL: N/A (Resolution) RISK

RISK MANAGEMENT: N/A (Resolution)

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