Date Prepared:	/6/24	Need Date: <u>6/20/24</u>
PROCESSING DEP	PARTMENT:	
	ourtney Jenkins	
	urtney.jenkins@edcgov.us	
Department Head S	_{Signature:} Alisha Bryder	Digitally signed by Alisha Bryden Date: 2024.06.06 10:23:26 -07'00'
' Requesting Departr		Org Code: 5400
Description:		
•	Cal County Inmate Program (MC	DIP) signature authority from HHSA to EDS

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

PLEASE EMAIL CHANGES/APPROVAL TO DEPARTMENT CONTACT

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