

# RESOLUTION ROUTING SHEET

Date Prepared: 7/17/2023

Need Date: 7/27/2023

**PROCESSING DEPARTMENT:**

Department: Human Resources

Contact Name: Monique Heredia

Phone: X5518

Email Address: monique.heredia@edcgov.us

Department Head Signature: Joseph Carruesco Digitally signed by Joseph Carruesco  
Date: 2023.07.18 08:29:43 -07'00'

Requesting Department: HHSA Org Code: 4200000

Service Requested: Resolution Review

Description:  
Add one (1.0) Full Time Equivalent (FTE) Sr. Office Assistant allocation in the Health and Human Services Agency AND Delete one (1.0) Full Time Equivalent (FTE) Fiscal Assistant I/II allocation in the Health and Human Services agency.

**COUNTY COUNSEL:**

Approved:

Disapproved:

Date: 7/19/23

County Counsel Signature: Jefferson Billingsley Digitally signed by Jefferson Billingsley  
Date: 2023.07.19 11:42:31 -07'00'

County Counsel Comments:  
\*With edits noted 7/19/23

HR APPROVAL: N/A (Resolution)

RISK MANAGEMENT: N/A (Resolution)

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