

**REVIEW AND APPROVAL REQUESTED FOR:**

☐ Contract ☐ Amendment ☒ Resolution ☐ Ordinance ☐ Policy ☐ Other

**County Counsel  
REVIEW ROUTING SHEET**

Date Prepared: 2/18/25Need Date: 3/5/25**PROCESSING DEPARTMENT**Department: Human ResourcesOrg Code: 0800000Dept Contact: Michael Reddin

Funding Source: \_\_\_\_\_

Phone: 5531

PL String: \_\_\_\_\_

Department \_\_\_\_\_

Legistar #: TBDHead Signature: Joseph Carruesco Digitally signed by Joseph Carruesco  
Date: 2025.02.18 13:11:28 -08'00'**CONTRACT INFORMATION**

CONTRACT #: \_\_\_\_\_

CONTRACT AMENDMENT #: \_\_\_\_\_

Contracting Department: \_\_\_\_\_

Contractor/Vendor Name: \_\_\_\_\_

Contract Term: \_\_\_\_\_ Contract Value: \_\_\_\_\_

*Note - HR & RISK review will take place during Fenix Contract workflow - except for contract amendments.***ORDINANCE/RESOLUTION/POLICY INFORMATION**TITLE / SUBJECT: Ag Dept Allocation ReclassNUMBER (If Assigned): TBD**ADDITIONAL DETAILS AND NOTES FOR COUNTY COUNSEL**

Ag Dept upward reclass of incumbent and classification from Office Assistant to Admin Tech

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COUNTY COUNSEL**

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Date: <u>2/28/25</u>	By: <u>Stephen Mansell</u>	<small>Digitally signed by Stephen Mansell Date: 2025.02.28 15:03:37 -08'00'</small>
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Date: _____	By: _____	

**COMMENTS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_