Legistar #: _____

RESOLUTION ROUTING SHEET

Date Prepared:	Need Date: 03/15/2022
PROCESSING DEPARTMENT:	
Department: Human Resources	
Contact Name: Amy Dale	Phone: 530-621-5618
Email Address: amy.dale@edcgov.us	
Department Head Signature: Joseph Cal	Digitally signed by Joseph Carruesco Date: 2022.03.08 15:28:54 -08'00'
Requesting Department: HR/HHSA	
Service Requested: Resolution Review	
Deletion of one (1.0) Full Time Equivalent allocation; and Addition of one (1.0) FTE Supervising Meand Human Services Agency.	ental Health Worker allocation in the Health
COUNTY COUNSEL:	
Approved: Disapproved:	Date: 3/15/2022
County Counsel Signature: Stephen M	Digitally signed by Stephen Mansell Date: 2022.03.15 11:01:36 -07'00'
County Counsel Comments:	

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