

# SIDE LETTER ROUTING SHEET

Date Prepared: 1-3-19

Need Date: 1-10-19

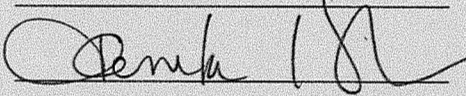
**PROCESSING DEPARTMENT:**

Department: Human Resources

Dept. Contact: Misty Garcia

Phone: 5388

Department

Head Signature: 

**REQUESTING DEPARTMENT:** Human Resources

Service Requested: Document Review

Description: Side Letter of Agreement for EDCPOA regarding OT/CTO and part-time holiday proration.

**COUNTY COUNSEL:** (Must approve all contracts and MOUs)

Approved:  Disapproved:  Date: 1/7/19 By: 

Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
2019 JAN -3 PM 2:58

HR APPROVAL: N/A

RISK MANAGEMENT: N/A

**PLEASE CALL x5388 FOR PICK-UP...THANKS!**