

RESOLUTION ROUTING SHEET

Date Prepared: 8/13/2024

Need Date: 8/20/2024

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: 2024.08.13 11:37:36 -07'00'

Requesting Department: _____ Org Code: _____

Service Requested: Resolution Review

Description:
HHSA has a Limited Term allocation Program Assistant is due to expire on 9/30/2024. HHSA is requesting to extend this limited term allocation to end on 3/31/2026.

COUNTY COUNSEL:

Approved: Disapproved: Date: 8/14/2024

County Counsel Signature: Stephen L. Mansell

County Counsel Comments:

HR APPROVAL: N/A (Resolution)

RISK MANAGEMENT: N/A (Resolution)

PLEASE EMAIL CHANGES/APPROVAL TO DEPARTMENT CONTACT