Legistar #: _____

RESOLUTION ROUTING SHEET

Date Prepared:	Need Date:
PROCESSING DEPARTMENT:	
Department: Human Resources	
Contact Name: Michael Reddin	Phone:
Email Address:michael.reddin@edcgov.us	
Department Head Signature: Joseph Car	TUESCO Digitally signed by Joseph Carruesco Date: 2024.09.03 09:28:12 -07'00'
Requesting Department:	Org Code:
Service Requested: Resolution Review	
Retitling Correctional Lieutenant to Sheriff COUNTY COUNSEL:	's Correctional Lieutenant.
Approved: 🖌 Disapproved:	Date: 9/4/2024
County Counsel Signature: Stephen Ma	Digitally signed by Stephen Mansell Date: 2024.09.04 16:47:51 -07'00'
County Counsel Comments: Approved as revised.	

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

PLEASE EMAIL CHANGES/APPROVAL TO DEPARTMENT CONTACT