

Legistar No.: 24-0407

Resolution No.: xxx-2024

RESOLUTION ROUTING SHEET

Date Prepared: 5/8/2024

Need Date: 5/10/2024

PROCESSING DEPARTMENT:

Department: HHSA

Contact Name: Kristy Fackrell

Phone: x6919

Email Address: kristy.fackrell@edcgov.us

Department Head Signature: Alisha Bryden  Digitally signed by Alisha Bryden
Date: 2024.03.27 14:05:59 -07'00'

Requesting Department: _____ Org Code: 5000

Service Requested: Resolution Review

Description:
Annual resolution review for HHSA Director Signature Authority.

COUNTY COUNSEL:

Approved: Disapproved: Date: 05/08/2024

County Counsel Signature: Nicole Wright  Digitally signed by Nicole Wright
Date: 2024.05.08 13:11:05 -07'00'

County Counsel Comments:

HR APPROVAL: N/A (Resolution)

RISK MANAGEMENT: N/A (Resolution)

PLEASE EMAIL CHANGES/APPROVAL TO DEPARTMENT CONTACT