

RESOLUTION ROUTING SHEET

Date Prepared: 1/20/22

Need Date: 1/28/22

PROCESSING DEPARTMENT:

Department: Human Resources

Contact Name: Jordan Meyer

Phone: x5623

Email Address: jordan.meyer@edcgov.us

Department Head Signature: _____

Requesting Department: HR/HHSA

Org Code: 0800000

Service Requested: Resolution Review

Description:
Deletion of one (1.0) Full Time Equivalent (FTE) Social Service Aide allocation; and the addition of one FTE (1.0) Social Worker I/II allocation in the Health and Human Services Agency.

COUNTY COUNSEL:

Approved:

Disapproved:

Date: 1/31/2022

County Counsel Signature: Stephen L. Mansell

Digitally signed by Stephen L. Mansell
Date: 2022.01.31 11:45:18 -08'00'

County Counsel Comments:

HR APPROVAL: N/A (Resolution)

RISK MANAGEMENT: N/A (Resolution)

PLEASE EMAIL CHANGES/APPROVAL TO DEPARTMENT CONTACT