Legistar #: _____

RESOLUTION ROUTING SHEET

Date Prepared:	Need Date:
PROCESSING DEPARTMENT:	
Department: Human Resources	
Contact Name:	Phone:
Email Address:	
Department Head Signature: Joseph Carru	ESCO Digitally signed by Joseph Carruesco Date: 2021.12.02 08:07:55 -08'00'
	Org Code:
Service Requested: <u>Resolution Review</u>	
Description: Deletion of 1.0 Full Time Equivalent (FTE) Community Health Advocate allocation and addition of 1.0 FTE Administrative Technician allocation in the Chief Administrative Office.	
COUNTY COUNSEL:	
Approved: 🖌 Disapproved: 🗌 D	Date: 12/7/2021
County Counsel Signature: Stephen L. Mansell Digitally signed by Stephen L. Mansell Date: 2021.12.07 15:58:36 -08'00'	
County Counsel Comments:	

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

PLEASE EMAIL CHANGES/APPROVAL TO DEPARTMENT CONTACT 21-1936 B 1 of 1