Legistar #: _____

RESOLUTION ROUTING SHEET

Date Prepared:	Need Date:
PROCESSING DEPARTMENT:	
Department: Human Resources	
Contact Name:	Phone:
Email Address: jordan.meyer@edcgov.us	
Department Head Signature: Joseph Carrue	Digitally signed by Joseph Carruesco Date: 2022.08.26 11:54:52 -07'00'
Requesting Department: HHSA/HR	Org Code:0800000
Service Requested: <u>Resolution Review</u>	
Description: Add one (1.0) Full Time Equivalent (FTE) Office Assistant I/II and one (1.0) FTE Social Worker III allocation in the Health and Human Services Agency.	
COUNTY COUNSEL: Approved:	ate: 8/30/2022
County Counsel Signature: Stephen Mansell Digitally signed by Stephen Mansell Date: 2022.08.30 16:45:31 -07'00'	
County Counsel Comments:	

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

PLEASE EMAIL CHANGES/APPROVAL TO DEPARTMENT CONTACT 22-1491 A 1 of 1