Legistar #: _____

RESOLUTION ROUTING SHEET

Date Prepared:	Need Date:
PROCESSING DEPARTMENT:	
Department: Human Resources	
Contact Name:	Phone: <u>x5572</u>
Email Address:	
Department Head Signature: Joseph Carrue	Digitally signed by Joseph Carruesco Date: 2022.09.12 19:11:21 -07'00'
Requesting Department:	
Service Requested: Resolution Review	
Description: Add one (1.0) Full Time Equivalent (FTE) Health Educator allocation in the Health and Human Services Agency.	
COUNTY COUNSEL:	
Approved: 🖌 Disapproved: 🗌 Da	nte: 09/30/2022
County Counsel Signature: Stephen Mansell Digitally signed by Stephen Mansell Date: 2022.09.30 09:36:19 -07'00'	
County Counsel Comments:	

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

PLEASE EMAIL CHANGES/APPROVAL TO DEPARTMENT CONTACT 22-1492 A 1 of 1