Legistar #: _____

RESOLUTION ROUTING SHEET

Date Prepared:	Need Date:
PROCESSING DEPARTMENT:	
Department: Human Resources	
Contact Name:	Phone:
Email Address:	
Department Head Signature:	Digitally signed by Joseph Carruesco Date: 2022.11.15 11:50:10 -08'00'
	Org Code:
Service Requested: Resolution Review	
Description: DSA Building Closure Essential Service premium rate LOA.	
COUNTY COUNSEL:	
Approved: 🖌 Disapproved: Disapproved:	ate:
County Counsel Signature: Stephen Mansell Digitally signed by Stephen Mansell Date: 2022.11.15 13:57:23 -08'00'	
County Counsel Comments:	

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

PLEASE EMAIL CHANGES/APPROVAL TO DEPARTMENT CONTACT

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