Legistar #: ____

RESOLUTION ROUTING SHEET

Date Prepared:	Need Date: 9/14/2023
PROCESSING DEPARTMENT:	
Department: Human Resources	
Contact Name: Michael Reddin	Phone: <u>5531</u>
Email Address:michael.reddin@edcgov.us	
Department Head Signature: Joseph Carru	Digitally signed by Joseph Carruesco Date: 2023.09.04 16:00:24 -07'00'
Requesting Department:	Org Code:0800000
Service Requested: Resolution Review	
Description: Extending the expiration date of one limited-term Victim/Witness Program Specialist I/II allocation in the District Attorney's Office.	
COUNTY COUNSEL:	
Approved: 🖌 Disapproved:	Date: 9/6/2023
County Counsel Signature: Stephen Mansell Digitally signed by Stephen Mansell Date: 2023.09.06 14:27:19 -07'00'	
County Counsel Comments:	

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

PLEASE EMAIL CHANGES/APPROVAL TO DEPARTMENT CONTACT 23-1546 E 1 of 1