## RESOLUTION ROUTING SHEET



Need Date: $\qquad$ PROCESSING DEPARTMENT:

Department: Human Resources
Dept. Contact Name: Katie Lee, Phone: $\qquad$ $\times 5628$ Department Head Signature:


Requesting Department: $\qquad$ Org Code: $\qquad$
Service Requested: Resolution Review
Description:

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\begin{aligned}
& \text { Salceny Scinedule Adoption } \\
& \text { Est Board pate: } 10116118
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## COUNTY COUNSEL:

Approved:
Disapproved:


By: $\mathcal{L t y p l e i |}$
7 han
County Counsel Comments:
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