

Legistar #: 18-1666

RESOLUTION ROUTING SHEET

Date Prepared: 12/14/18 Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Human Resources

Dept. Contact Name: Mike Strelle Phone: x 5622

Department Head Signature: [Signature]

Requesting Department: CAO for DA Org Code: _____

Service Requested: Resolution Review

Description: Add 1 FTE Limited Term Victim/Witness Program Coordinator

COUNTY COUNSEL:

Approved: Disapproved: _____ Date: 12/17/18 By: [Signature]

County Counsel Comments: _____

EL DORADO COUNTY COUNSEL
DEC 14 AM 9:49

HR APPROVAL: N/A (Resolution)

RISK MANAGEMENT: N/A (Resolution)