RESOLUTION ROUTING SHEET

Date Prepared: 08 16 30 9 Need Date: 08 31 30 9
PROCESSING DEPARTMENT:
Department: Human Resources
Dept. Contact Name: <u>Clise Hardy</u> Phone: <u>6625</u>
Department Head Signature:
Requesting Department: Transportation Org Code: 3620200
Service Requested: Resolution Review
Description: new Classification, title change,
Salary range change, allocation
for Department changes
of Transportation
2st. Board: 9/10/19
COUNTY COUNSEL:
Approved: \(\) Disapproved: \(\) Date: \(\graphi / \frac{1}{20} \) By: \(\frac{1}{20} \) \(\
County Counsel Comments:
DECEIVED IN
AUG 16 2019 230

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

19-1224 A 1 of 1

PLEASE CALL x____ FOR PICK-UP...THANKS!