RESOLUTION ROUTING SHEET

Date Prepared: 91019	Need Date: 9 13 19
PROCESSING DEPARTMENT:	
Department: Human Resources	
Dept. Contact Name: Jordan Myl	Phone: <u>X5023</u>
Department Head Signature:	Islan
Requesting Department: HEHHSA	Org Code: 5210150
Service Requested: Resolution Review	
Description: Add 1.0FTE Housing Program Special	ist-Limited term in HHSA
	SEP 11-2019 BY: KHOD 2001
COUNTY COUNSEL:	
Approved:	e: 9/11/19 By: Llyly 1. Mall
County Counsel Comments:	
HR APPROVAL: N/A (Resolution) RISK MANAGEMENT: N/A (Resolution)	

PLEASE CALL x 5023 FOR PICK-UP...THANKS!