

Legistar #: _____

RESOLUTION ROUTING SHEET

Date Prepared: 10/31/19

Need Date: 10/4/19

PROCESSING DEPARTMENT:

Department: Human Resources

Dept. Contact Name: Jordan Meyer Phone: x5023

Department Head Signature: _____

Requesting Department: HR/HSA Org Code: 5110100

Service Requested: Resolution Review

Description:

HSA

Add 3.0 FTE Office Assistant III

Delete 3.0 FTE Screener

COUNTY COUNSEL:

Approved:

Disapproved:

Date: 10/3/19

By: Stephen P. Maxwell

County Counsel Comments:

RECEIVED
OCT 03 2019
BY: KNO/TJW

HR APPROVAL: N/A (Resolution)

RISK MANAGEMENT: N/A (Resolution)

PLEASE CALL x5023 FOR PICK-UP...THANKS!