Legistar #: 19-1700

## RESOLUTION ROUTING SHEET

Date Prepared: 11 8 9 Need Date: 11 15 19
PROCESSING DEPARTMENT:
Department: Human Resources
Dept. Contact Name: Eulabeth Solg Phone: X5124
Department Head Signature:
Requesting Department: Homan Resources Org Code: OF10000
Service Requested: Resolution Review
Description:
charter 504-salany Adjustments
COUNTY COUNSEL:
Approved: \( \) Disapproved: Date: \( \lambda / \lambda \rangle \) Date: \( \lambda / \lambda \lambda \rangle \) Date: \( \lambda / \lambda \rangle \lambda \rangle \) Date: \( \lambda / \lambda \rangle \lambda \rangle \rangle \) Date: \( \lambda / \lambda \rangle \rangle \) Date: \( \lambda / \lambda \rangle \rangle \rangle \rangle \rangle \) Date: \( \lambda / \lambda \rangle \r
County Counsel Comments:
EDC COUNTY COUNSEL 2019 NOV 8 PM2:46

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RISK MANAGEMENT: N/A (Resolution)

HR APPROVAL: N/A (Resolution)