

Legistar #: _____

RESOLUTION ROUTING SHEET

Date Prepared: 1/7/20

Need Date: 1/10/20

PROCESSING DEPARTMENT:

Department: Human Resources

Dept. Contact Name: Jordan Meyer Phone: X5023

Department Head Signature: [Signature]

Requesting Department: HHSA/HR Org Code: 080000

Service Requested: Resolution Review

Description:

Reduction in Force
1.0 FTE Assistant Director of Health Services (HHSA)

COUNTY COUNSEL:

Approved: Disapproved: Date: 1/9/20 By: [Signature]

County Counsel Comments:

Approved as revised on 1/8/20.

EDC COUNTY COUNSEL
2020 JAN 7 AM 9:25

HR APPROVAL: N/A (Resolution)

RISK MANAGEMENT: N/A (Resolution)

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