

Legistar #: \_\_\_\_\_

# RESOLUTION ROUTING SHEET

Date Prepared: \_\_\_\_\_

Need Date: \_\_\_\_\_

**PROCESSING DEPARTMENT:**

Department: Human Resources

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_

Requesting Department: \_\_\_\_\_ Org Code: \_\_\_\_\_

Service Requested: Resolution Review

Description:
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**COUNTY COUNSEL:**

Approved:       Disapproved:       Date: \_\_\_\_\_

County Counsel Signature: \_\_\_\_\_

County Counsel Comments:
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**HR APPROVAL:** N/A (Resolution)

**RISK MANAGEMENT:** N/A (Resolution)

**PLEASE EMAIL CHANGES/APPROVAL TO DEPARTMENT CONTACT**