Legistar #: _____

RESOLUTION ROUTING SHEET

Date Prepared:	Need Date:
PROCESSING DEPARTMENT:	
Department: Human Resources	
Contact Name: <u>Katie Lee</u>	Phone: <u>x5628</u>
Email Address:	
Department Head Signature: Tameka Ushe	Digitally signed by Tameka Usher Date: 2020.09.30 15:08:20 -07'00'
Requesting Department:	Org Code:
Service Requested: <u>Resolution Review</u>	
Description: Classification Study Implementation - Department Analyst I/II to Admin Analyst I/II, Sr. Department Analyst to Sr. Admin Analyst, and reclassifications to new class of Fiscal Manager.	
COUNTY COUNSEL:	
Approved: 🖌 Disapproved: Disapproved:	ate:
County Counsel Signature: Stephen L. Mansell Digitally signed by Stephen L. Mansell Date: 2020.10.01 15:52:34 -07'00'	
County Counsel Comments:	

HR APPROVAL: N/A (Resolution) RISK MANAGEMENT: N/A (Resolution)

PLEASE EMAIL CHANGES/APPROVAL TO DEPARTMENT CONTACT 20-1325 D 1 of 1