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RESOLUTION ROUTING SHEET

| Date Prepared: 11/25/20 | Need Date: |
|---|--|
| PROCESSING DEPARTMENT: | |
| Department: Human Resources Michael Reddin | 5531 |
| Contact Name: Michael Reddin | Phone: 5531 |
| Email Address: michael.reddin@edcgov.us | |
| Department Head Signature: Tameka Us | Digitally signed by Tameka Usher Date: 2020.11.25 10:58:45 -08'00' |
| Requesting Department: Human Resources | |
| Service Requested: Resolution Review | |
| | d Term Victim Witness Program Specialist to ding from the State for Child Abuse advocacy aild abuse. |
| COUNTY COUNSEL: | |
| Approved: ✓ Disapproved: | Date: 11/25/20 |
| County Counsel Signature: Stephen L. | Mansell Digitally signed by Stephen L. Mansell Date: 2020.11.25 12:47:24 -08'00' |
| County Counsel Comments: | |
| goam, coamen comments. | |
| | |

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