Legistar #: _____

RESOLUTION ROUTING SHEET

Date Prepared:	Need Date:
PROCESSING DEPARTMENT:	
Department: Human Resources	
Contact Name: Misty Garcia	Phone: <u>621-5388</u>
Email Address:	
Department Head Signature:	Digitally signed by Joseph Carruesco Date: 2021.11.03 10:09:56 -07'00'
Requesting Department:	Org Code:
Service Requested: <u>Resolution Review</u>	
Description: Local 1 Successor MOU Resolution	
COUNTY COUNSEL:	
Approved: 🖌 Disapproved:	Date: 11/8/2021
County Counsel Signature: Stephen L. Mansell Digitally signed by Stephen L. Mansell Date: 2021.11.08 09:06:16 -08'00'	
County Counsel Comments:	

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

PLEASE EMAIL CHANGES/APPROVAL TO DEPARTMENT CONTACT

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