

# ***RESOLUTION REQUEST FORM NO. 20***

## ***MISCELLANEOUS***

***\*Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.  
Please attach any backup information available and be as detailed as possible.***

**DEPARTMENT NAME: Social Services**

**DATE: MAY 21, 2009**

- (a) Purpose of Request: Abolishment of positions
  
- (b) Details: Request permission to abolish the following positions from the organizational chart, Social Welfare Examiner #29 and Caseworker #8 in 40.01 A.6010
  
- (c) Previous Resolution Number: