

# AGREEMENT CONTRACT ROUTING SHEET

**Date Prepared:** 06/21/2023

**Need Date:** 06/21/2023

**PROCESSING DEPARTMENT:**

Department: Human Resources  
Dept. Contact: Joseph Carruesco  
Phone: 530-621-5617  
Department  
Head Signature: \_\_\_\_\_

**CONTRACTOR:**

Name: Tiffany Schmid  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Org Code: 0800000  
Project #  
(if applicable): \_\_\_\_\_  
Funding Source: General Fund

**CONTRACTING DEPARTMENT:** Board of Supervisors

Service Requested: Review of Memorandum of Agreement between County and Tiffany Schmid

Description: \_\_\_\_\_

Contract Term: 07/01/2023 to 06/30/2026 Contract Value: \_\_\_\_\_

**COUNTY COUNSEL:** (Must approve all contracts and MOU's)

Approved:  Disapproved:  Date: 06/21/2023 By: David Livingston  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

Digitally signed by David Livingston  
Date: 2023.06.21 13:04:30 -0700

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**HR APPROVAL:** WILL BE REVIEWED THROUGH WORKFLOW

**RISK MANAGEMENT:** WILL BE REVIEWED THROUGH WORKFLOW

**PLEASE EMAIL SIGNED DOCUMENT TO:**

**Thank you!**