Contract #: Resolution

CONTRACT ROUTING SHEET

Dept. Contact: Phone #: Department Head Signature: CONTRACTING D Service Requested Contract Term: N Compliance with H Compliance verified	Erin Hane 530-621-6553 EPARTMENT: Human Re I: N/A - Resolution //A uman Resources requiremen	Adjus Address: Phone: sources Contract Value:	Resolution for 504 Salary tments 2016
Dept. Contact: Phone #: Department Head Signature: CONTRACTING D Service Requested Contract Term: N Compliance with H Compliance verified	Erin Hane 530-621-6553 EPARTMENT: Human Re I: N/A - Resolution I/A uman Resources requirement	Name: N/A – Adjus Address: Phone: sources Contract Value:	Resolution for 504 Salary
CONTRACTING DESCRIPTION OF THE PROPERTY OF T	EPARTMENT: Human Re I: N/A - Resolution /A uman Resources requiremen	Address: Phone: sources Contract Value:	
Department Head Signature: CONTRACTING D Service Requested Contract Term: N Compliance with H Compliance verified	EPARTMENT: Human Re I: N/A - Resolution //A uman Resources requiremen	sources Contract Value:	
CONTRACTING D Service Requested Contract Term: N Compliance with H Compliance verified	: N/A - Resolution /A uman Resources requiremen	sources Contract Value:	
CONTRACTING D Service Requested Contract Term: N Compliance with H Compliance verified	: N/A - Resolution /A uman Resources requiremen	Contract Value:	
Service Requested Contract Term: N. Compliance with H Compliance verified COUNTY COUNSI	: N/A - Resolution /A uman Resources requiremen	Contract Value:	
Contract Term: N. Compliance with H. Compliance verifier COUNTY COUNS	/A uman Resources requiremer		
Compliance with H Compliance verified COUNTY COUNSI	uman Resources requiremer		40.00
Compliance verifie		nts? Yes:	\$0.00 No:
COUNTY COUNSI	- ~ j ·		NO
	EL: (Must approve all contra		A
	Disapproved:	Date: 7/4/6	By:
Approved:	Disapproved:	Date:	By:
4			
DI EASE FORWARD	TO RISK MANAGEMENT. THAN	KGI	
	ENT: (All contracts and MOL		nt funding agreements)
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	By:
OTHER APPROV	AL: (Specify department(s))	participating or directly aff	ected by this contract).
Departments:			
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	By: