

Contract #: Resolution

# CONTRACT ROUTING SHEET

Date Prepared: 12/28/15


Need Date: 12/29/15

**PROCESSING DEPARTMENT:**  
Department: Human Resources

**CONTRACTOR:**  
Name: N/A – Resolution for 504 Salary Adjustments 2016

Dept. Contact: Erin Hane  
Phone #: 530-621-6553

Address: \_\_\_\_\_

Department \_\_\_\_\_  
Head Signature: 

Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Human Resources

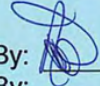
Service Requested: N/A - Resolution

Contract Term: N/A Contract Value: \$0.00

Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Compliance verified by: \_\_\_\_\_

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 12/28/15 By: 

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract).

Departments: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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