

Contract #: \_\_\_\_\_

# CONTRACT ROUTING SHEET

Date Prepared: 4-23-7

Need Date: May 7 or ASAP

### PROCESSING DEPARTMENT:

Department: Human Resources  
Dept. Contact: Sherril Jodar  
Phone #: 5597  
Department: Human Resources  
Authorization: \_\_\_\_\_

### CONTRACTOR:

Name: Kaiser  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

### CONTRACTING DEPARTMENT: Human Resources

Service Requested: Review of Medical Coverage Contract - Kaiser  
Contract Term: Annual Contract/Amendment Value: \$3.7 Billion  
Compliance with Human Resources requirements? Yes: X No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

2007 APR 23 PM 2:28  
EL DORADO COUNTY COUNSEL  
*Sherril Jodar*

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

Approved:  Disapproved: \_\_\_\_\_ Date: 5/1/07 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

ASSIGNMENT  
DATE 04/23/2007  
ATTORNEY MIKE D  
DEPT. INDEX NO. 024100  
BY: [Signature]

PLEASE FORWARD TO Sherril Jodar in RISK MANAGEMENT. THANKS!

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

Approved: Yes Disapproved: \_\_\_\_\_ Date: 4-24-7 By: S. Jodar  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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

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