

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 12/17/2018 1/7/19

Need Date: 12/21/2018 1/18/19

**PROCESSING DEPARTMENT:**

Department: HEALTH & HUMAN SERVICE AGENCY  
Dept. Contact: Consie Mote  
Phone: X 7118

**CONTRACTOR:**

Name: Industrial Employers and Distributors Association  
Address: 2200 Powell Street, Suite 1000 Emeryville, CA 94608

Department: \_\_\_\_\_  
Head Signature: [Signature]

Phone: \_\_\_\_\_  
Org Code: 5000

**CONTRACTING DEPARTMENT:** HEALTH & HUMAN SERVICE AGENCY

Service Requested: Labor relations consultant  
Contract Term: 06/20/17 - 06/30/2020 Contract Value: \$72,000.00

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

Approved: X Disapproved: \_\_\_\_\_ Date: 1/8/19 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

**COUNSEL -- PLEASE FORWARD TO HR/RISK MANAGEMENT -- THANKS!**

**HR APPROVAL:**

Compliance with Human Resources requirements? Yes:  No: \_\_\_\_\_  
Compliance verified by: [Signature] 1/25/19

**RISK MANAGEMENT APPROVAL:** (all contracts & MOU's except boilerplate grant funding contracts)

Approved:  Disapproved: \_\_\_\_\_ Date: 1/25/19 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

\* Requested and received updated insurance docs from vendor

EL DORADO COUNTY COUNSEL  
2019 JAN 27 PM 2:19

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

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