


Contract #:

CONTRACT ROUTING SHEET

Date Prepared: 5/1/2018

Need Date: 5/2/2018

PROCESSING DEPARTMENT:

Department: Human Resources
Dept. Contact: Katie Lee
Phone #: x 5628
Department Head Signature: 

CONTRACTOR:

Name: _____
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Review Reso for Board Item 18-0702

Service Requested: _____

Contract Term: _____ 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: 5/1/18 By: Stephan J. Munnell

Approved: _____ Disapproved: _____ Date: _____ By: _____

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: _____

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

Departments: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORA COUNTY COUNSEL
2018 APR 27 AM 8:24

PM 10:02 HR/RM MAY 2 '18