

Contract #: SW080030  
219-00910

*Resubmitted*

# CONTRACT ROUTING SHEET

EL DORADO COUNTY COUNSEL  
Date Prepared: 6/24/08  
*2008 JUL -9 PM 3:40*

Need Date: 7/8/08

**PROCESSING DEPARTMENT:**  
Department: Human Services  
Dept. Contact: Amy Higdon  
Phone #: x4836  
Department  
Head Signature: *[Signature]*  
Doug Nowka, Director

**CONTRACTOR:**  
Name: CA State University Sacramento  
Address: 6000 J Street  
Sacramento, CA 95819-6008  
Phone: (916) 278-7322

EL DORADO COUNTY COUNSEL  
*2008 JUL 25 AM 7:13*  
*Treas. Doug Nowka*

**CONTRACTING DEPARTMENT:** Human Services  
Service Requested: Social Work Intern field placement within Human Services.  
Contract Term: 7/1/08 through 6/30/13 Contract Value: \$0  
Compliance with Human Resources requirements? Yes: N/A No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

**COUNTY COUNSEL:** (Must approve all contracts and MOU's)  
Approved: \_\_\_\_\_ Disapproved: ✓ Date: 7-2-08 By: *[Signature]*  
Approved: ✓ Disapproved: \_\_\_\_\_ Date: 7-9-08 By: *[Signature]*

*The "Faculty Insurance" provision IP DED should be re-written to allow for self-insurance (just like the non-union's self insurance clause, IP DED.)*

*\* Changes made by CSUs and returned 7/9/08.*

**RISK MANAGEMENT:** (Must approve all contracts, MOU's and boilerplate grant agreements)  
Approved: ✓ Disapproved: \_\_\_\_\_ Date: 7/11/08 By: *[Signature]*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

ASSIGNMENT  
DATE 6/25/08  
BY STAN  
INDEX NO. 530500  
EL DORADO COUNTY COUNSEL  
HUMAN RESOURCES DEPT.  
*2008 JUL 11 AM 9:58*

RECEIVED  
HUMAN RESOURCES DEPT.  
*08 JUL -3 AM 9:58*

Please call Amy Higdon at x4836 to pickup. Thank you!

**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract)  
Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_