Agreement # N/A	N/A		
Legistar # TBD			

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared:	10/29/2024		Need Date:	11/13/2024		
PROCESSING DEPARTMENT:			CONTRACTOR:			
Department: Dept. Contact: Phone: Department Head Signature:			Name: Address: Phone:	California Department of Insurance 2400 Del Paso Road, Suite 250 Sacramento, CA 95834		
	Kerri Williams-Horn Agency Chief Fiscal (Officer	Org Code: Project# (if applicable	2200000 e): 22WC		
CONTRACTING Service Requeste Description:		District Attorney Workers' Compensation			and Resolution.	
Contract Term: 0 COUNTY COUNS Approved: [Approved: [SEL: (Must app ✓ Disapp	prove all contracts proved: proved:	Contract Value and MOU's) Date: 11/01/20 Date:		By: Roger A. Runkle Diptelly agreed by Roger A. Runkle Dieter 2024.11.01 14:34:24-07007 By:	
HR APPROVAL:	WILL BE REV	IEWED THROUG	:H WORKFLOW	V		

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO: justene.cline@edcgov.us

Thank you!