

# CONTRACT ROUTING SHEET

Date Prepared: August 7, 2013

Need Date: ASAP

**PROCESSING DEPARTMENT:**

Department: CAO – Risk Management

Dept. Contact: Sherri Adams

Phone #: 6084

Department

Head Signature: *Kimberly A. Kee*

**CONTRACTOR:**

Name: CSAC-EIA

Address: 75 Iron Point Circle

Folsom, CA 95630

Phone: 916-850-7300

**CONTRACTING DEPARTMENT:** Risk Management

Service Requested: Review Proposed Amendments to Addendum A – Workers' Compensation Claims Administration Guidelines

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: 8/16/13 By: *[Signature]*

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

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HUMAN RESOURCES DEPT.  
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PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 8/16/13 By: *[Signature]*

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

EL DORADO COUNTY COUNSEL  
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**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract)

Departments: \_\_\_\_\_

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

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