

CONTRACT ROUTING SHEET

Contract #: _____

Date Prepared: 5-21-7

Need Date: May 28 or ASAP

PROCESSING DEPARTMENT:
 Department: Human Resources
 Dept. Contact: Sherril Jodar
 Phone #: 5597
 Department: Human Resources
 Authorization: _____

CONTRACTOR:
 Name: Caremark
 Address: _____
 Phone: _____

EL DORADO COUNTY COURSE
 2007 MAY 21 PM 12:45
Sherril Jodar

CONTRACTING DEPARTMENT: Human Resources - Risk Management
 Service Requested: Review of Pharmacy Coverage Contract - Caremark
 Contract Term: Annual
 12 months
 with automatic
 renewal
 Contract/Amendment Value: \$35,000 admin and \$3.3 million pharm. Drug claims
 Compliance with Human Resources requirements? Yes: X No: _____
 Compliance verified by: _____

COUNTY COUNSEL: (Must approve all contracts and MOU's)
 Approved: _____ Disapproved: _____ Date: 5/22/07 By: [Signature]
 Approved: _____ Disapproved: _____ Date: _____ By: _____

ASSIGNMENT	DATE	ATTORNEY	DEPT. INDEX NO.	BY:
	<u>05/21/07</u>	<u>MIKE</u>	<u>OR 352</u>	<u>[Signature]</u>

Although legally sufficient client could be more clearly defined as being the County.

PLEASE FORWARD TO RISK MANAGEMENT - Sherril Jodar. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
 Approved: Yes Disapproved: _____ Date: 5-21-7 By: S. Jodar
 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: _____