ASSIGNMENT 5-22-2008 Contract #: CONTRACT ROUTING SHEET 61000 27.08 **Need Date:** BY: PROCESSING DEPARTMENT: CONTRACTOR: Department: UCCE UC Regents Name: Dept. Contact: Nama Stark Address: Phone #: in AA and NR Department IIII Franklin St, 64 flool Phone: Head Signature: Oakland, CA 94607 Lynn Deuth (510) 987-0042 CONTRACTING DEPARTMENT: Service Requested: Contract Term: Contract/Amendment Value: Compliance with Human Resources requirements? Yes: No: Compliance verified by: COUNTY COUNSEL: (Must approve all contracts and MOU's) Approved: Disapproved: Date: Approved: Disapproved: Date: By: amendment NOI to n ^ av agreement and llease Runael RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements) Approved: Disapproved: Date: 08 By: Approved: Disapproved: Date: By: Jancy at evt. Thank-uni-OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract) Departments: Approved: Disapproved: Date: By: Approved: Disapproved: Date: By: