

CONTRACT ROUTING SHEET

Date Prepared: 4/17/15

Need Date: 4/17/15

PROCESSING DEPARTMENT:

Department: Human Resources
Dept. Contact: Judie Engel
Phone #: X5531
Department
Head Signature: *[Signature]*

CONTRACTOR:

Name: Deputy County Counsel
Address: _____
Phone: _____

CONTRACTING DEPARTMENT:

Service Requested: Review of Civil Service Commission Rules of Procedures, approved by the Commission on Jan. 21, 2015, going to the BOS for approval 5/5/15.

Contract Term: _____ Contract Value: NA
Compliance with Human Resources requirements? Yes: X No: _____
Compliance verified by: Bobbi Bennett

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Disapproved: _____ Date: 4/17/15 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

Approved: Disapproved: _____ Date: 4/17/15 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

APR 17 PM 12:50
HUMAN RESOURCES DEPT

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____