

CONTRACT ROUTING SHEET

Date Prepared: 7/22/08

Need Date: 7/29/08

PROCESSING DEPARTMENT:

Department: HR/Risk Management

Dept. Contact: Larry Costello

Phone #: 6625

Department

Head Signature: 

CONTRACTOR:

Name: PacifiCare

Address: _____

Phone: _____

CONTRACTING DEPARTMENT: HR/Risk Management

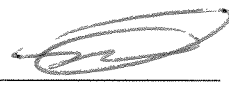
Service Requested: Review of Medical Coverage Contract Amendment – PacifiCare

Contract Term: n/a Contract Value: n/a

Compliance with Human Resources requirements? Yes: X No: _____

Compliance verified by: _____

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

Approved:  Disapproved: _____ Date: 7/29/08 By: 

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

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HUMAN RESOURCES DEPT
08 JUL 25 PM 2:36

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: X Disapproved: _____ Date: 7/22/08 By: L. Costello 

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

ALDORADO COUNTY COUNSEL
7/22/08 10:01 AM

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

Departments: _____

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

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