

CONTRACT ROUTING SHEET

Date Prepared: 10/25/17

Need Date: 10/27/17

PROCESSING DEPARTMENT:

Department: Human Resources

Dept. Contact: Katie Lee

Phone #: X 51628

Department

Head Signature: 

Tameka Usher

CONTRACTOR:

Name: ~~Don Ashton~~ Don Ashton

Address: CAO Office

330 Fair Lane, Placerville CA

Phone: 530-621-5567

CONTRACTING DEPARTMENT: Human Resources

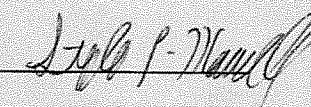
Service Requested: Memorandum of Agreement between Co. of El Dorado + Don Ashton

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: 10/30/17 By: 

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

EL DORADO COUNTY COUNSEL
2017 OCT 30 AM 9:08

PLEASE FORWARD TO RISK MANAGEMENT. THANKS! N/A

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

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

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: _____