

CONTRACT ROUTING SHEET

Date Prepared: 5-11-18

Need Date: Rush

PROCESSING DEPARTMENT:

Department: Human Resources
Dept. Contact: Tameka Usher
Phone #: 5572
Department Head Signature: Tameka Usher

CONTRACTOR:

Name: NA
Address: _____
Phone: _____

CONTRACTING DEPARTMENT:

Service Requested: Resolution - HR bargaining unit change
Contract Term: NA 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: 5/11/18 By: Stephan P. Maxwell
Approved: _____ Disapproved: _____ Date: _____ By: _____
① Approved with changes.

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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: _____