

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 08/01/2024

Need Date: 08/02/2024

PROCESSING DEPARTMENT:

Department: Human Resources
Dept. Contact: Joseph Carruesco
Phone: 530-621-5617
Department: Joseph
Head Signature: Carruesco

Digitally signed by Joseph Carruesco
Date: 2024.08.01 15:38:52 -07'00'

CONTRACTOR:

Name: Tiffany Schmid
Address: _____
Phone: _____
Org Code: 0800000
Project # _____
(if applicable): _____
Funding Source: General Fund

CONTRACTING DEPARTMENT: Board of Supervisors

Service Requested: Review of Memorandum of Agreement between County and Tiffany Schmid

Description: _____

Contract Term: _____ Contract Value: _____

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

Approved: Disapproved: Date: 08/02/2024 By: David Livingston
Approved: Disapproved: Date: _____ By: _____

Digitally signed by David Livingston
Date: 2024.08.02 11:47:23 -07'00'

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW