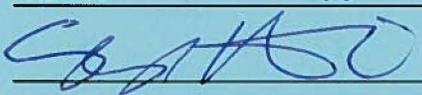


## CONTRACT ROUTING SHEET

Date Prepared: March 11, 2013Need Date: 03/14/13- On BOS Agenda  
3/26/13**PROCESSING DEPARTMENT:**Department: Procurement & Contracts  
Dept. Contact: Linda Silacci-Smith  
Phone #: x5417  
Department Head Signature: **CONTRACTOR:**Name: OCCU-MED, Ltd.  
Address: 2121 West Bullard Avenue  
Fresno, CA 93711  
Phone: (559) 435-2800**CONTRACTING DEPARTMENT:** Risk ManagementService Requested: Occupational Health Services - Amending term to 03/31/14 & NTE by \$150K  
Contract Term: Extending 1 Year Contract Value: \$510K (adding \$150K)  
Compliance with Human Resources requirements? Yes: X No:           
Compliance verified by: Requested HR Approval - 3/11**COUNTY COUNSEL:** (Must approve all contracts and MOU's)Approved: X Disapproved:          Date: 3/12/13 By:   
Approved:          Disapproved:          Date:          By:         See ~~approval~~ pg my notes re clarifying lang. on  
1st pg - Addressed. SHH 3/14/132013 MAR 11 PM 1:12  
received am of 3/12/13  
DORADO COUNTY COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)Approved: ✓ Disapproved:          Date: 3/13/2013 By:   
Approved:          Disapproved:          Date:          By:         MAR 12 PM 4:20  
PROCUREMENT DEPT.**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract).Departments:           
Approved:          Disapproved:          Date:          By:           
Approved:          Disapproved:          Date:          By: