

CONTRACT ROUTING SHEET

Date Prepared: 6/15/11

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Human Resources
Dept. Contact: Allyn Bulzomi
Phone #: 5572
Department Head Signature: *[Signature]*

CONTRACTOR:

Name: Local 1
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: El Dorado County

Service Requested: Review Final MOU
Contract Term: July 1, 2010 - June 30, 2013 Contract Value: \$0.00
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: *[Signature]*

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

Approved: *[Signature]* Disapproved: _____ Date: 6/16/11 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2011 JUN 15 PM 2:10

Note: Appendix A was not attached but it should contain a list of all salaries pursuant to Article 1a Section 1A. *[Signature]*

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: _____