

CONTRACT ROUTING SHEET

Date Prepared: 8/4/2016

Need Date: 08/04/2016

PROCESSING DEPARTMENT:

Department: Human Resources

Dept. Contact: Erin Hane

Phone #: X6553

Department _____

Head Signature: _____

CONTRACTOR:

Name: N/A – Resolution for DSA

Address: Third Appellate District Case No C075615

Phone: _____

CONTRACTING DEPARTMENT: Human Resources

Service Requested: N/A - Resolution

Contract Term: N/A 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: 8/04/16 By: [Signature]

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

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: _____

