

**RUSH!**

10/20/11  
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D. K...  
to CC

Contract #: 288-S111, Amend I

# CONTRACT ROUTING SHEET

Date Prepared: 10/20/11

Need Date: 10/25/11

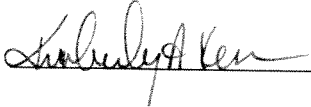
**PROCESSING DEPARTMENT:**

Department: Human Resources-Risk Mgmt

Dept. Contact: Donna Mullens

Phone #: X6060

Department: \_\_\_\_\_

Head Signature: 

**CONTRACTOR:**

Name: OCCU-MED, LTD

Address: 2121 West Bullard Avenue

Fresno, CA 93711

Phone: (559)435-2600

**CONTRACTING DEPARTMENT:** Human Resources, Risk Management Division

Service Requested: Occupational Health Services

Contract Term: 2 years Contract Value: \$200,000.00

Compliance with Human Resources requirements? Yes: x No: \_\_\_\_\_

Compliance verified by: Karl Knobelauch

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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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: \_\_\_\_\_

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**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract).

Departments: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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