

Contract #: _____

CONTRACT ROUTING SHEET

Date Prepared: 4-23-7

Need Date: May 7 or ASAP

PROCESSING DEPARTMENT:

Department: Human Resources
Dept. Contact: Sherril Jodar
Phone #: 5597
Department: Human Resources
Authorization: _____

CONTRACTOR:

Name: PacificARE
Address: _____
Phone: _____

2007 APR 23 PM 2:15
EL DORADO COUNTY COUNSEL
[Signature]

CONTRACTING DEPARTMENT: Human Resources

Service Requested: Review of Medical Coverage Contract – Pacificare
Contract Term: Annual Contract/Amendment Value: \$1.75 million
Compliance with Human Resources requirements? Yes: X No: _____
Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 5/2/07 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

① At 3.06 Due Date → Late fee seems excessive.

ASSIGNMENT
DATE 04/23/2007
ATTORNEY MIKE C.
DEPT./INDEX NO. 024103
BY: [Signature]

PLEASE FORWARD TO Sherril Jodar in RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: Yes Disapproved: _____ Date: 4-23-7 By: S. Jodar
Approved: _____ Disapproved: _____ Date: _____ By: _____

07 MAY - 2 AM 9:55
HUMAN RESOURCES DEPT.

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

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