

NEW AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 10/24/18 11/2/18

Need Date: 10/31/18 11/9/18

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HHSA

Name: CA Dept. of Administrative

Dept. Contact: Lisa Konyecsni

Address: Hearings

Phone: 6901

Address: 2349 Gateway Oaks Dr.

Department: [Signature]

Address: Sacramento, CA 95833

Head Signature: [Signature]

Phone: _____

Org Code: 54⁵10

CONTRACTING DEPARTMENT: HHSA

Service Requested: Services of Administrative Law Judge

Contract Term: 1/6/19 - 12/31/23 Contract Value: \$55,000

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

Approved: X Disapproved: _____ Date: 11/6/18 By: [Signature]

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

EL DORADO COUNTY COUNSEL
2018 NOV -2 PM 3: 14

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE CALL x____ FOR PICK-UP... THANKS!