



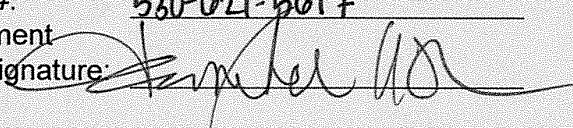
Contract #:

CONTRACT ROUTING SHEET

Date Prepared: 8/1/18

Need Date: 8/3/18

PROCESSING DEPARTMENT:

Department: Human Resources
Dept. Contact: Jordan Meyer
Phone #: 530-621-9017
Department Head Signature: 


CONTRACTOR:

Name: _____
Address: _____
Phone: _____

CONTRACTING DEPARTMENT:

Service Requested: Review Reso for 8/28/18 Board Item Public Health Nurse 1/11
Contract Term: _____ 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: 8/3/18 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2018 AUG -2 AM 7:32

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: _____

PH4:13 HR/RM AUG 3 '18