

CONTRACT ROUTING SHEET

Date Prepared: 7/15/15

Need Date: 7/15/15

PROCESSING DEPARTMENT:

Department: Human Resources
Dept. Contact: Judie Engel
Phone #: X5531
Department _____
Head Signature: _____

CONTRACTOR:

Name: _____
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: County Counsel


Service Requested: Review of County-Sponsored retiree Health Plan Side Letter

Contract Term: _____ Contract Value: NA

Compliance with Human Resources requirements? Yes: X No: _____

Compliance verified by: Erin Hane

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

Approved: _____ Disapproved: _____ Date: 7/19/15 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

Approved: ✓ Disapproved: _____ Date: 8/19/15 By: JH
Approved: _____ Disapproved: _____ Date: _____ By: _____

nothing

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

Departments: _____

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