

CONTRACT ROUTING SHEET

Date Prepared: 8-18-09

Need Date: 9-21-09

PROCESSING DEPARTMENT:

Department: Human Services
Dept. Contact: Shirley I. C. Hodgson
Phone #: X7268
Department
Head Signature: *Shirley I. C. Hodgson*

CONTRACTOR:

Name: TALX Corp. (The Work Number)
Address: 11432 Lackland Rd.
St. Louis, MO 63146
Phone: (314) 214-7093

CONTRACTING DEPARTMENT: Human Services

Service Requested: Employment/Income verification of clients receiving public assistance
Contract Term: Annual term with automatic renewal Contract Value: \$0.00

Compliance with Human Resources requirements? Yes: n/a No: _____
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 8-28-09 By: *Shirley I. C. Hodgson*
Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE ~~FORWARD~~ FORWARD TO RISK MANAGEMENT. -
RETURN TO SHIRLEY HODGSON. THANKS!

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

Approved: Disapproved: _____ Date: 10/6/09 By: *Shirley I. C. Hodgson*
Approved: _____ Disapproved: _____ Date: _____ By: _____

HUMAN RESOURCES DEPT
09 OCT - 6 AM '09

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

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