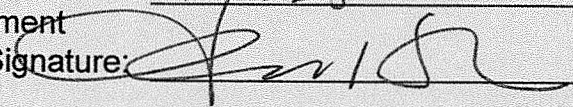


CONTRACT ROUTING SHEET

Date Prepared: 4/25/18

Need Date: 4/26/18

PROCESSING DEPARTMENT:

Department: Human Resources
Dept. Contact: Katie Lee
Phone #: x 5628
Department Head Signature: 

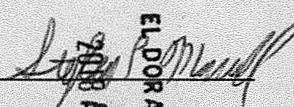
CONTRACTOR:

Name: _____
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Review RESO for Board Item 18-0453

Service Requested: class study - partial PD implementation 4/5/18
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: 4/26/18 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____
① Approved with minor revisions - emailed to Katie Lee

EL DORADO COUNTY COUNSEL
2018 APR 35 PM 2:07

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: _____