

CONTRACT ROUTING SHEET

Date Prepared: January 18, 2018

Need Date: January 26, 2018

PROCESSING DEPARTMENT:

Department: Planning & Building Dept.
Dept. Contact: Char Tim
Phone #: X5351
Department
Head Signature: *Roger Jones*

CONTRACTOR:

Name: Not Applicable
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Planning & Building Dept.

Service Requested: Review of Personnel Allocation Resolution (Office Asst/Dev Tech Add/Delete)
Contract Term: NA 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: 1/19/18 By: *Jeffrey L. M...*
Approved: ✓ Disapproved: _____ Date: 1/22/18 By: *Jeffrey L. M...*

- ① Mark-up, sent by email to Department. Resubmit for approval.
- ② Approved with changes - see email to Dept.

Edits made as requested. 1/22/18 CT

DORADO COUNTY COUNSEL
JAN 19 AM 9:21

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

Approved: N/A Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

NOT APPLICABLE

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

Departments:
Approved: N/A Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____