

CONTRACT ROUTING SHEET

Date Prepared: 5-16-2017

Need Date: 5-17-2017

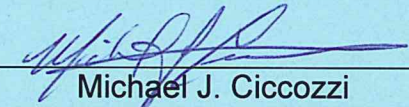
PROCESSING DEPARTMENT:

Department: County Counsel

Dept. Contact: Michael Ciccozzi

Phone #: X5770

Department: _____

Head Signature: 
Michael J. Ciccozzi

CONTRACTOR:

Name: Don Ashton

Address: CAO Office

330 Fair Lane, Placerville CA

Phone: 530 621-5567

CONTRACTING DEPARTMENT: County Counsel

Service Requested: Memorandum of Agreement between El Dorado County and Donald Ashton establishing the compensation, benefits, and other terms of employment for his employment as the Chief Administrative Officer.

Contract Term: _____ Contract Value: _____

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

Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 5/17/17 By: 

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

PLEASE FORWARD TO RISK MANAGEMENT. THANKS! N/A

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: _____

