

# CONTRACT ROUTING SHEET

Date Prepared: January 20, 2015

Need Date: January 20, 2015

**PROCESSING DEPARTMENT:**

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

**CONTRACTOR:**

Name: Deputy County Counsel  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Human Resources

Service Requested: Human Resources Reclassification – Risk Management Analyst I  
Contract Term: \_\_\_\_\_ Contract Value: NA  
Compliance with Human Resources requirements? Yes: X No: \_\_\_\_\_  
Compliance verified by: Bobbi Bennett

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

Approved: X Disapproved: \_\_\_\_\_ Date: 1/20/15 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
See comments

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 1/20/15 By: B. Bennett  
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: \_\_\_\_\_