

# CONTRACT ROUTING SHEET

Date Prepared: 4-9-13

Need Date: 4-16-13

**PROCESSING DEPARTMENT:**

Department: Chief Administrative Office  
Dept. Contact: Terri Knowlton  
Phone #: 621-5571  
Department: \_\_\_\_\_  
Head Signature: [Signature]

**CONTRACTOR:**

Name: N/A - Resolution - Personnel  
Address: Allocation Re Change  
from Dept Head to  
Division Head  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Chief Administrative Office

Service Requested: Personnel Allocation Resolution for Comm Dev Agency position changes  
Contract Term: N/A Contract Value: \$0.00  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

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

Approved: [check] Disapproved: \_\_\_\_\_ Date: 4/11/13 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
2013 APR -9 PM 11:22

EL DORADO COUNTY COUNSEL  
2013 APR 10 PM 0:13

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: \_\_\_\_\_