

# CONTRACT ROUTING SHEET

Date Prepared: <sup>June 14</sup> May 26, 2010

Need Date: 6/28/10

**PROCESSING DEPARTMENT:**  
Department: Health Svcs - Public Health  
Dept. Contact: Kathy Lang  
Phone #: x6362  
Department  
Head Signature: *Neda West*  
*NAR* Neda West, Director

**CONTRACTOR:**  
Name: CA State Univ. Chico  
Address: 400 W. First Street  
Chico, CA 95929  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Health Services Department  
Service Requested: Internship agreement for Nursing students  
Contract Term: 3 yrs on signature Contract Value: \$0.00  
Compliance with Human Resources requirements? Yes  No:   
Compliance verified by: Other

**COUNTY COUNSEL:** (Must approve all contracts and MOU's)  
Approved:  Disapproved: \_\_\_\_\_ Date: 6/29/10 By: *Teri Williams*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Conditionally approved, based on our conversation - as long as you get clarification of Section V, P.D. re: student interns. Thank you -  
revising approved by counsel 6/17/10*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)  
Approved:  Disapproved: \_\_\_\_\_ Date: 6/30/10 By: *[Signature]*  
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: \_\_\_\_\_

*CMU* 5/27/10 Program Mgr / date  
*[Signature]* 6/3/10 Finance / date

