

CONTRACT ROUTING SHEET

Date Prepared: 10/6/11

Need Date: 10/20/11

PROCESSING DEPARTMENT:

Department: Human Services
Dept. Contact: Amy Higdon
Phone #: x4836
Department Head Signature: *Daniel Nielson*
Daniel Nielson, Director

CONTRACTOR:

Name: _____
Address: _____
Phone: _____

CONTRACTING DEPARTMENT:

Human Services

Service Requested: Commission on Aging Revised By Laws

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

Compliance verified by: *[Signature]* 10/19/11

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

Approved: Disapproved: _____ Date: 10-11-11 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

Risk Management approval not required. PLEASE CALL AMY HIGDON AT x4836 FOR PICK UP. THANKS!

RISK MANAGEMENT: (Must approve all contracts, MOU's and boilerplate grant 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: _____

EL DORADO COUNTY CLERK
2011 OCT 11 AM 11:08

RECEIVED
HUMAN RESOURCES DEPT.
11 OCT 12 PM 2:50