

CONTRACT ROUTING SHEET

Date Prepared: February 24, 2014

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Procurement & Contracts
Dept. Contact: Ashley Boyd
Phone #: x5804
Department
Head Signature: [Signature]

CONTRACTOR:

Name: Occu-Med, LTD.
Address: 2121 West Bullard Ave.
Fresno, CA 93711
Phone: 559-435-2800

CONTRACTING DEPARTMENT: Risk Management

Service Requested: Occu-Health Services
Contract Term: Three month extension Contract Value: \$0.00
Compliance with Human Resources requirements? Yes: No:
Compliance verified by: REQUESTED 2-21-14 - APPROVED 2-24-14 MIHESTRELLA

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

Approved: Disapproved: Date: 2/25/14 By: [Signature]
Approved: Disapproved: Date: _____ By: _____

2014 FEB 24 AM 11:25
DORADO COUNTY COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: Date: 2/26/14 By: [Signature]
Approved: Disapproved: Date: _____ By: _____

REQUESTED UPDATED CERT 2-14-14 & 2-21-14. UXB.

RECEIVED 2/27/14. UXB.

14 FEB 25 PM 4:38
HUMAN RESOURCES DEPT.

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

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