

# CONTRACT ROUTING SHEET

Date Prepared: 1/13/10

Need Date: 1/27/10 (or sooner)

**PROCESSING DEPARTMENT:**

Department: HR/Risk Management

Dept. Contact: Lisa Hoas

Phone #: 5576

Department: \_\_\_\_\_

Head Signature: 

**CONTRACTOR:**

Name: Hanna, Brophy, MacLean, McAleer & Jensen, LLP

Address: 3100 Zinfandel Dr. Rancho Cordova, CA 95741

Phone: (916) 929-9411

**CONTRACTING DEPARTMENT:** HR/Risk Management

Service Requested: Review of Workers' Comp legal firm Contract

Contract Term: 2 years Contract Value: \$60,000

Compliance with Human Resources requirements? Yes: x No: \_\_\_\_\_

Compliance verified by: n/a

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

Approved:  Disapproved: \_\_\_\_\_ Date: 1/21/10 By: 

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 1/13/10 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: \_\_\_\_\_