

Contract #: _____

CONTRACT ROUTING SHEET

Date Prepared: January 27, 2010

Need Date: February 9, 2010

PROCESSING DEPARTMENT:

Department: Human Resources
Dept. Contact: Deborah Kal
Phone #: 621-5573
Department: Human Resources
Authorization: Allyn Bulzomi, Director
621-5572

CONTRACTOR:

Name: Bruce Heid IEDA
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Emeryville, CA 94608
Phone: 510-653-6765
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CONTRACTING DEPARTMENT: Human Resources – IHSS Public Authority

Service Requested: Review of UDW Successor Memorandum of Understanding

Contract Term: June 30, 2010 Contract/Amendment Value: Cost Savings

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

Compliance verified by: Deborah Kal

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

Approved: Disapproved: _____ Date: 1/29/10 By: Justitha Ken
Approved: _____ Disapproved: _____ Date: _____ By: _____

The previous first full comprehensive MOU between the In Home Supportive Services Public Authority (IHSS) and the United Domestic Workers of America, AFSCME, Local 3930, AFL-CIO (UDW) approved by the Governing Board of the Public Authority expired November 2007. This is a re submittal of the first full successor MOU between the IHSS and the UDW with a term of June 1, 2009 through June 30, 2010.

1) Approved with understanding section 7.1 increase in health benefit contribution will be implemented prospectively and not retroactively and language will be added to clarify this previous 2009-880 point.

(d) Any changes in rates or benefits will not be applied retroactively and will become effective when the contract is implemented as practicable after the effective date of the final approval of the GB of PA.

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 1/27/10 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: _____