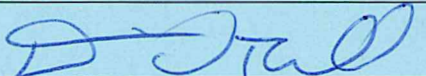


CONTRACT ROUTING SHEET

Date Prepared: 10/9/17

Need Date: ASAP—BOS 11/7/17

PROCESSING DEPARTMENT:

Department: Information Technologies
Dept. Contact: David Russell/Mollie Purcell
Phone #: X5106
Department
Head Signature: 

CONTRACTOR:

Name: _____
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: N/A

Service Requested: Review IT Policy Edits—A-13 Computer & Network-Based Information Systems Policy

Contract Term: _____ Contract Value: \$0.00

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

Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 10/18/17 By: JOS
Approved: _____ Disapproved: _____ Date: _____ By: _____

See comments.

Changes incorporated mp 10/26/17

FLORIDA COUNTY COUNSEL
1017 OCT 11 PM 3:00

PLEASE FORWARD TO RISK MANAGEMENT. THANKS! *CALL MOLLYE PURCELL X5106 WHEN PICK-UP*
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

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

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


Departments: Human Resources
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

CONTRACT ROUTING SHEET

Date Prepared: 10/9/17

Need Date: ASAP—BOS 11/7/17

PROCESSING DEPARTMENT:

Department: Information Technologies
Dept. Contact: David Russell/Mollie Purcell
Phone #: X5106
Department
Head Signature: 

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Name: _____
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: N/A

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

Compliance verified by: _____

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

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

PLEASE FORWARD TO RISK MANAGEMENT. THANKS! CALL MOLLIE PURCELL X5106

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

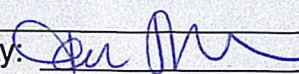
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

WHEN PICK-UP

2017 HR/RM OCT 11 '17

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

Departments: Human Resources

Approved: X Disapproved: _____ Date: _____ By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____