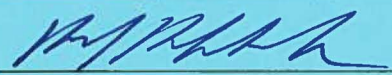


CONTRACT ROUTING SHEET

Date Prepared: 02/03/2012

Need Date: 02/03/2012

PROCESSING DEPARTMENT:

Department: Human Resources
Dept. Contact: Karl Knoblauch
Phone #: 530-621-5572
Department
Head Signature: 

CONTRACTOR:

Name: IHSS-Yvonne Olivares-Maldonado
Address: UDW, AFSME Local 3930 AFL-CIO
Homecare Providers' Union
Phone: 619-228-4914

CONTRACTING DEPARTMENT:

Service Requested: Approve Memorandum of Understanding
Contract Term: July 1, 2010 – June 30, 2013 Contract Value: \$0.00
Compliance with Human Resources requirements? Yes: X No:
Compliance verified by: 



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

Approved: X Disapproved: Date: 2/3/12 By: 
Approved: Disapproved: Date: By:

EL DORADO COUNTY COUNCIL
12 FEB - 3 PM 3:00

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: Date: 2/6/12 By: 
Approved: Disapproved: Date: By:

RECEIVED
HUMAN RESOURCES DEPT.
12 FEB - 6 AM 11:39

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

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