


CONTRACT ROUTING SHEET

Date Prepared: Human Resources – RM

Need Date: 10/28/09

PROCESSING DEPARTMENT:

Department: Human Resources-RM
Dept. Contact: Donna Mullens
Phone #: X6060
Department
Head Signature: 



CONTRACTOR:

Name: AON Consulting, Inc.
Address: 199 Fremont St., 14th Floor
San Francisco, CA 94105
Phone: (415) 486-7500

CONTRACTING DEPARTMENT: Human Resources – Risk Management


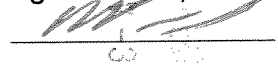
Service Requested: Employee Health Benefits Services
Contract Term: 11/26/06 - 01/31/10 Contract Value: \$450,000
Compliance with Human Resources requirements? Yes: X No: _____
Compliance verified by: Allyn Bulzomi

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

Approved:  Disapproved: _____ Date: 11/3/09 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: 10/23/09 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: _____