

CONTRACT ROUTING SHEET

Date Prepared: 8/8/18

Need Date: 8/10/18

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: Human Resources

Name: N/A

Dept. Contact: Katie Lee

Address: _____

Phone #: x 5628

Phone: _____

Department Head Signature: 

CONTRACTING DEPARTMENT:

Human Resources

Service Requested: Review Reso for Board Item #19-1218: Primary Workers Comp Program

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: 8/16/18 By: Stephan S. Marshall

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

EL DORADO COUNTY COUNSEL
2018 AUG - 8 AM 10:03

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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: _____

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

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

AM9:08 HR/RM AUG 17 '18