

# CONTRACT ROUTING SHEET

Date Prepared: 06/05/15

Need Date: 06/05/15

**PROCESSING DEPARTMENT:**

Department: Human Resources

Dept. Contact: Bobbi Bennett

Phone #: X5388

Department

Head Signature: [Signature] for HR

**CONTRACTOR:**

Name: N/A

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Unrepresented Resolution Revise Sec. 1407, On-Call/Callback

Service Requested: \_\_\_\_\_

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: X Disapproved: \_\_\_\_\_ Date: 6/5/15 By: [Signature]

Approved: X Disapproved: \_\_\_\_\_ Date: 6/8/15 By: [Signature]

KS see changes

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: \_\_\_\_\_