

# CONTRACT ROUTING SHEET

Date Prepared: 6/11/15

Need Date: 6/17/15

**PROCESSING DEPARTMENT:**

Department: Human Resources  
Dept. Contact: Judie Engel  
Phone #: X5531  
Department \_\_\_\_\_  
Head Signature: \_\_\_\_\_

**CONTRACTOR:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** County Counsel

Service Requested: Review of draft EDC DSA 1/1/2014 – 12/31/16 MOU. This draft document, in its current form, has been ratified by the DSA bargaining unit.

Contract Term: \_\_\_\_\_ Contract Value: NA

Compliance with Human Resources requirements? Yes: X No: \_\_\_\_\_

Compliance verified by: Bobbi Bennett

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

Approved: \_\_\_\_\_ Disapproved: X Date: 6/24/15 By: [Signature]

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: 7/9/15 By: [Signature]

confidential Atty Client email sent  
will seek union approval of 5% type

RECEIVED  
JUN 11 2015  
5:08 pm  
Edwards County Counsel

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

Approved: X Disapproved: \_\_\_\_\_ Date: 7/16/15 By: JH

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

nothing for risk

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

Departments: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_