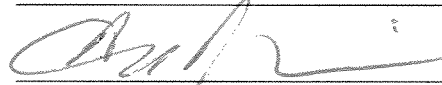


# CONTRACT ROUTING SHEET

Date Prepared: 11/24/08

Need Date: 11/25/08

**PROCESSING DEPARTMENT:**

Department: HR/Risk Management  
Dept. Contact: Larry Costello  
Phone #: 6625  
Department  
Head Signature: 

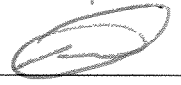
**CONTRACTOR:**

Name: Managed Health Network (MHN)  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HR/Risk Management

Service Requested: Review of EAP, Managed MH and Substance Abuse Agreement Amendments  
Contract Term: One Year Contract Value: \$385,000  
Compliance with Human Resources requirements? Yes: X No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

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

Approved:  Disapproved: \_\_\_\_\_ Date: 11/24/08 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: X Disapproved: \_\_\_\_\_ Date: 11/24/08 By: L. Costello  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

RECEIVED  
HUMAN RESOURCES DEPT  
NOV 25 PM 1:36

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

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