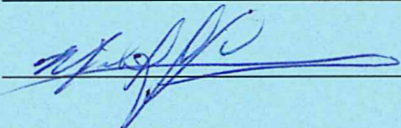


CONTRACT ROUTING SHEET

Date Prepared: August 3, 2017

Need Date: August 8, 2017

PROCESSING DEPARTMENT:

Department: County Counsel
Dept. Contact: Stephen Mansell
Phone #: _____
Department _____
Head Signature: 

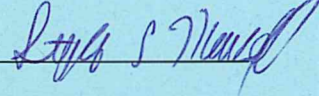
CONTRACTOR:

Name: EDC Employee's Local 1
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: County of El Dorado, EDC Sheriff's Office, EDC Dept. Of Human Resources

Service Requested: Settlement and Release of all Claims – EDC Employee Association Local 1
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: 8/3/17 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: _____ 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: _____