

CONTRACT ROUTING SHEET

Date Prepared: November 10, 2014

Need Date: November 13, 2014

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: OE3 Corrections
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Human Resources

Service Requested: OE3 Corrections 2014-2016 MOU - final review
Contract Term: January 1, 2014 – December 31, 2016 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: 11/13/14 By: PJ Jant
Approved: X Disapproved: _____ Date: 11/24/14 By: PJ Jant

NOV 10 PM 4:20
COUNTY COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: X Disapproved: _____ Date: 11/24/14 By: PJ Jant RM
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: _____