

Resubmitted
CONTRACT ROUTING SHEET

Contract #: 15-0365

Date Prepared: 03/25/15

Need Date: 03/27/15

PROCESSING DEPARTMENT:

Department: Risk Management
Dept. Contact: Jason Hunter
Phone #: 6084
Department _____
Head Signature: _____

CONTRACTOR:

Name: _____
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Risk Management

Service Requested: Review Resolution, approve and authorize application for EDC self-insurance of work comp liabilities.

Contract Term: From BOS Approval to continual 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: X Disapproved: _____ Date: 3/27/15 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

Attach 2nd resd. dissolving the JPA

EL DORADO COUNTY COUNSEL
2015 MAR 25 AM 9:26
HUMAN RESOURCES DEPT.
15 MAR 27 AM 10:21

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

Approved: _____ Disapproved: _____ Date: 3/27/15 By: [Signature]
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: _____