

CONTRACT ROUTING SHEET

Date Prepared: 1/08/19

Need Date: 1/18/19

PROCESSING DEPARTMENT:

Department: CAO
Dept. Contact: Jennifer Franich
Phone #: x7539
Department Head Signature: JF

CONTRACTOR:

Name: n/a
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: CAO

Service Requested: Review fee Resolution re. VHRs – VERSION 2
Contract Term: n/a Contract Value: n/a
Compliance with Human Resources requirements? Yes: n/a No: n/a
Compliance verified by: n/a

COUNTY COUNSEL: (Must approve all contracts and MOUs)

Approved: _____ Disapproved: _____ Date: 1-9-19 By: RJL
Approved: _____ Disapproved: _____ Date: _____ By: _____

See I suggested change

EL DORADO COUNTY COUNSEL
2019 JAN -8 PM 1:25

~~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: _____~~