

CONTRACT ROUTING SHEET

Date Prepared: 07/12/2016

Need Date: 07/12/2016

PROCESSING DEPARTMENT:

Department: Human Resources

Dept. Contact: Erin Hane

Phone #: X6553

Department: _____

Head Signature: _____

CONTRACTOR:

Name: N/A – Resolution for Local 1 Admin Fee

Address: _____

Phone: _____

CONTRACTING DEPARTMENT: Human Resources

Service Requested: N/A – Review Side Letter

Contract Term: N/A 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: 7/12/16 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: _____