

Contract #:

# CONTRACT ROUTING SHEET

Date Prepared: Jan 5, 2015

Need Date: Jan 12, 2015

**PROCESSING DEPARTMENT:**

Department: Risk Mgt  
Dept. Contact: Gail Zeigler  
Phone #: 621 6520  
Department  
Head Signature: Adams for RK.


**CONTRACTOR:**

Name: N/A  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** N/A

Service Requested: Review of updated K-1 Policy  
Contract Term: \_\_\_\_\_ Contract Value: \$0.00  
Compliance with Human Resources requirements? N/A Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: N/A

**COUNTY COUNSEL:** (Must approve all contracts and MOU's)

Approved:  Disapproved: \_\_\_\_\_ Date: 1/5/15 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
2015 OCT 22 PM 4:16

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: \_\_\_\_\_

N/A

**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract)

Departments: N/A  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

LEGISLATIVE FILE 14-1472