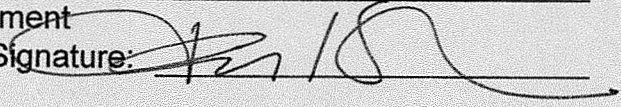


CONTRACT ROUTING SHEET

Date Prepared: 5/4/18

Need Date: 5/17/18

PROCESSING DEPARTMENT:

Department: Human Resources
Dept. Contact: Kate Lee
Phone #: x5628
Department
Head Signature: 

CONTRACTOR:

Name: _____
Address: _____
Phone: _____

CONTRACTING DEPARTMENT:

Review Reso for Board Item 18-0734

Service Requested: class study implementation May 22, 2018

Contract Term: _____ 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: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

COLORADO COUNTY COUNSEL
MAY -4 AM 9:00

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: _____

PM:31 HR/RM MAY 7 18