

CONTRACT ROUTING SHEET

Date Prepared: 5/23/18

Need Date: 5/29/18

PROCESSING DEPARTMENT:

Department: Human Resources

Dept. Contact: Kate Lee

Phone #: XS628

Department Head Signature: [Signature]

CONTRACTOR:

Name: _____

Address: _____

Phone: _____

CONTRACTING DEPARTMENT: Review RSD for Board item 18-0882

Service Requested: HSA Add/Delete 6-12-18

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: 5/24/18 By: [Signature]

Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2018 MAY 23 PM 3:55

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 5/25/18 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: _____

AM9:38 HR/RM MAY 25 18