

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 09/06/2022

Need Date: 09/20/2022

**PROCESSING DEPARTMENT:**

Department: P&C  
Dept. Contact: Matthew Potter  
Phone: x5417  
Department  
Head Signature: \_\_\_\_\_  

Jon Manning  
Administrative Analyst Supervisor

**CONTRACTOR:**

Name: Sedgwick Claims Management Services, Inc.  
Address: 8125 Sedgwick Way  
Memphis, TN 38125  
Phone: 916.749.5877  
Org Code: 0920000  
Project String  
(if applicable): \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Risk Management

Service Requested: Review and Approve  
Description: Fourth Amendment to Agreement for Services #3360 for Third Party Workers Compensation Claims  
Contract Term: Perpetual Contract Value: \$122,033

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

Approved:  Disapproved:  Date: 09/20/2022 By: Roger A. Runkle Digitally signed by Roger A. Runkle Date: 2022.09.20 15:11:01 -07'00'  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

**COUNSEL -- PLEASE FORWARD TO HR AND RISK MANAGEMENT -- THANKS!**

**HR APPROVAL:**

Compliance with Human Resources requirements? Yes:  No:   
Compliance verified by: Sera Salmanyam Digitally signed by Sera Salmanyam Date: 2022.09.22 14:57:16 -07'00'

**RISK MANAGEMENT APPROVAL:** (all contracts & MOU's except boilerplate grant funding contracts)

Approved:  Disapproved:  Date: 09/21/2022 By: Michael Andersen Digitally signed by Michael Andersen Date: 2022.09.21 18:28:58 -07'00'  
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: \_\_\_\_\_

PLEASE EMAIL SIGNED DOCUMENT TO: