## CONTRACT ROUTING SHEET

## Date Prepared: September 1, 2011

PROCESSING DEPARTMENT:
Department:
Dept. Contact:
Phone \#:
Department Human Resources Head Signature:

Need Date:
CONTRACTOR:


CONTRACTING DEPARTMENT: Human Resources
Service Requested: Approval of Criminal Attorneys' Association MOU
Contract Term: $07 / 01 / 2010-12 / 31 / 2013 \quad$ Contract Value:
Compliance with Human Resources requirements? Yes: X
Compliance verified by: Karl Knobelauch Director of Human Resources

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


PLEASE FORWARD TO RISK MANAGEMENT. THANKS!


OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
Departments:
Approved:
Approved:
Disapproved:
Disapproved:
Date:
By:
Date:
By:

