## CONTRACT ROUTING SHEET

## Date Prepared: 08/02/2012

## PROCESSING DEPARTMENT:

Department: Human Resources
Dept. Contact: Erin Hance
Phone \#:
Department Head Signature:

Need Date: ASAP

## CONTRACTOR:

Name: CalPERS
Address: P.O. Box 942709
Sacramento, CA 94228
Phone: 888-225-7377

CONTRACTING DEPARTMENT: Human Resources
Service Requested: Amend CalIPERS Contract to provide a different level of benefits for new miscellaneous and safety members
Contract Term: 10/6/12 - indefinite Contract Value: $x$ Decrease in cost

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


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

OTHER APPROVAL: (Specify departments) participating or directly affected by this contract).
Departments:
Approved: —— Disapproved:
Approved: Disapproved:

Date:
By:
-
$\qquad$ Date: By:

