

CONTRACT ROUTING SHEET

Date Prepared: November 10, 2014

Need Date: November 12, 2014

PROCESSING DEPARTMENT:

Department: Human Resources

Dept. Contact: Mike Strella

Phone #: X5622

Department: _____

Head Signature: *Pamela Knorr*

CONTRACTOR:

Name: Local 1

Address: _____

Phone: _____

CONTRACTING DEPARTMENT: Human Resources

Service Requested: Letter of Agreement

Contract Term: July 1, 2013 - June 30, 2016 Contract Value: NA

Compliance with Human Resources requirements? Yes: X No: _____

Compliance verified by: Pamela Knorr

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

Approved: _____ Disapproved: X Date: 11/10/14 By: *P. Strella*

Approved: X Disapproved: _____ Date: 11/10/14 By: *P. Strella*

This "letter of Agmt" has no Agmts, only "whereases" - need to sep. the background assumptions from the terms being agreed to. See my comments / revisions

Approved REVISD version attached

EL DORADO COUNTY COUNSEL
NOV 10 AM 8:11

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: _____