

CONTRACT ROUTING SHEET

Date Prepared: 5/7/15

Need Date: 5/11/15

PROCESSING DEPARTMENT:

Department: Human Resources
Dept. Contact: Judie Engel
Phone #: X5531
Department _____
Head Signature: _____

CONTRACTOR:

Name: ~~Paula Frantz, County Counsel~~
Address: Unrep'd Mgmt
Phone: _____

CONTRACTING DEPARTMENT:

Service Requested: Review of Unrepresented Employee Salary and Benefit Resolution, which is going to the BOS for approval 5/19/15.
Contract Term: _____ Contract Value: NA
Compliance with Human Resources requirements? Yes: X No: _____
Compliance verified by: Bobbi Bennett

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

Approved: X Disapproved: X Date: 5/14/15 By: PJ Frantz
Approved: X Disapproved: _____ Date: 5/14/15 By: PJ Frantz

See comments, particularly re longevity! layoff

EL DORADO COUNTY COUNSEL
1015 MAY 17 PM 5:20

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: _____