Contract #: 15-0895

CONTRACT ROUTING SHEET

Date Prepared: 7/15/15 **Need Date:** 7/15/15

PROCESSING DEPARTMENT:
Department: Human Resources
Dept. Contact: Judie Engel
Phone #: X5531
Department Head Signature: E Hane for PK

CONTRACTOR:
Name:
Address:
Phone:

CONTRACTING DEPARTMENT: County Counsel
Service Requested: Review of Medicare-Eligible Retiree Side Letters
Contract Term: Contract Value: NA
Compliance with Human Resources requirements? Yes: X No:
Compliance verified by: Erin Hane

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

Approved: ✓ Disapproved: Date: 7/15/15 By:
Approved: Disapproved: Date: By:

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

Approved: X Disapproved: Date: 7/15/15 By: JH
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: