

CONTRACT ROUTING SHEET

Date Prepared: 06/08/2016

Need Date: 06/08/2016

PROCESSING DEPARTMENT:

Department: Human Resources

Dept. Contact: Erin Hane

Phone #: X6553

Department

Head Signature: *[Signature]*

CONTRACTOR:

Name: N/A – Resolution for EDCPOA Recognition

Address: _____

Phone: _____

CONTRACTING DEPARTMENT: Human Resources

Service Requested: N/A - Resolution

Contract Term: N/A Contract Value: \$0.00

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

Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 06-08-16 By: *[Signature]*

Approved: Disapproved: _____ Date: _____ By: _____

see correction

EL DORADO COUNTY COUNSEL
2016 JUN -8 PM 1:28

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: _____