Contract Number: 588-PHD0407, Amendment I

Index Code: 403410

CONTRACT ROUTING SHEET

Date Prepared: March 19, 2008 APR 18 PM 3: 02	Need Date: March 26 - PLEASE RUSH
PROCESSING DEPARTMENT: Department: Public Health	CONTRACTOR: Name: California Forensic Medical
Dept. Contact: Dan Buffalo	Address: 300 Foam Street, Suite B
Phone #: 621-6226 Department Head Signature: Sayle whether	Monterey, CA 93940 Phone: (831) 649-8994
Head Signature: / Myler Belfumur Gayle Erbe-Hamlin	PM 3: COUNTY COUNTY
Service Requested: Revision of compensation terms	TO SEED A
Contract Term: Through June 30, 2010 Compliance with Human Resources requirements? Compliance verified by: HR and Local 1	Yes: X No:
COUNTY COUNSEL: (Must approve all contracts and Approved: Disapproved: Dat Disapproved: Dat	te: 3/25/08 By: 9/2 and soll
THE STATE OF THE S	ised to include additional provision anges, hisnlighted in yellow.
15 7 9 9 4/17/08 - Revis	ges. Terial revision.
PEASE FORWARD TO RISK MANAGEMENT. THANKS!	OS IAN P
Approved: Disapproved: Date Disapproved: Date Disapproved: Date Disapproved: Date Disapproved: Date Date Date Date Date Date Date Date	te: 3/27/08 By: (Cos) littles
before proceeding with con	ract services
OTHER APPROVAL: (Specify department(s) participated by the partments: Approved: Approved: Disapproved: Disapproved: Disapproved: Date Dat	e: $\frac{\partial 4}{\partial a} / \frac{\partial 5}{\partial a} = \frac{\partial 5}{\partial a}$
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