CONTRACT ROUTING SHEET

Date Prepared:	10/9/17	Need Date:	ASAP—BOS 11/7/17			
PROCESSING DI Department: Dept. Contact: Phone #: Department Head Signature:	Information Technologies David Russell/Mollie Purcell X5106	CONTRACTO Name: Address: Phone:	DR:			
CONTRACTING DEPARTMENT: N/A Service Requested: Review IT Policy Edits—A-13 Computer & Network-Based Information						
Service Requeste	Systems Policy Edits—A-	-13 Computer & Netw	vork-Based Information			
Contract Term:	Systems i olicy	Contract Value:	\$0.00			
	Human Resources requirement		No:			
Compliance verific						
COUNTY COUNS	SEL: (Must approve all contrac	te and MOLI's)				
Approved:	Disapproved:	Date: 10 18	117 By: 808			
Approved:	Disapproved:	Date:	By:			
See comme	ents.					
DORADO COUNTY COURSEL	mærpratel mp	1926/17				
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)						
Approved:	Disapproved:	Date:	By:			
Approved:	Disapproved:	Date:	By: Pick			
OTHER APPROV	/Al. (Chooify department/s)	articinating as disastin	offected by this contract)			
OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract). Departments: Human Resources						
Approved:	Disapproved:	Date:	By:			
Approved:	Disapproved:	Date:	By:			

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PROCESSING DE Department: Dept. Contact: Phone #: Department Head Signature:	EPARTMENT: Information Technologies David Russell/Mollie Purcell X5106	CONTRACTOR: Name: Address: Phone:	
	DEPARTMENT: N/A d: Review IT Policy Edits—A- Systems Policy	13 Computer & Network-B	ased Information
Contract Term: Compliance with F Compliance verifie	luman Resources requirements d by:	Contract Value: 3? Yes:	\$0.00 No:
COUNTY COUNS Approved: Approved:	EL: (Must approve all contract Disapproved: Disapproved:	s and MOU's) Date: Date:	By:
PLEASE FORWARD RISK MANAGEMI Approved: Approved:	TO RISK MANAGEMENT. THANKS ENT: (All contracts and MOU's Disapproved: Disapproved:	except boilerplate grant fu Date: Date:	PURCEUL X5106 Inding agreements) WHEN By: By: Up
OTHER APPROV	AL: (Specify department(s) par	ticipating or directly affecte	ed by this contract).
Departments: H Approved: X Approved:	Disapproved: Disapproved:	Date: Date:	By: Du M