

2017-0557

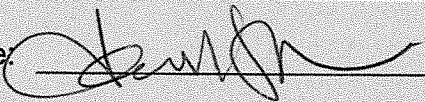
Contract #:

CONTRACT ROUTING SHEET

Date Prepared: 10/20/17

Need Date: 10/26/17

PROCESSING DEPARTMENT:

Department: Human Resources
Dept. Contact: Katie Lee
Phone #: X 5628
Department Head Signature: 

CONTRACTOR:

Name: N/A
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Human Resources

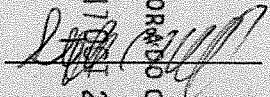
Service Requested: Review minimum wage resolution

Contract Term: _____ Contract Value: \$0.00

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

Compliance verified by: Jameka Usher

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

Approved: Disapproved: _____ Date: 10/26/17 By: 

Approved: _____ Disapproved: _____ Date: _____ By: _____

Approved with changes - see marking

E. DORADO COUNTY COUNSEL
2017 OCT 26 PM 12:57

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: _____