

Contract #:

CONTRACT ROUTING SHEET

Date Prepared:	8/3/18	Need Date:	8/3/18
PROCESSING DE Department: Dept. Contact: Phone #: Department Head Signature:	EPARTMENT: HR Mike Redain 5531	CONTRACTOR: Name: Address: Phone:	MA
Contract Term: Compliance with F	DEPARTMENT: Hunor d: Resolution review NIA Human Resources requirement ed by: Mike Reddin	_ Contract Value:	stant County Roccordes No:
COUNTY COUNS Approved: Approved:	EL: (Must approve all contrac Disapproved: Disapproved:	ts and MOU's) Date: 8/3/18 Date: /	By: By: By: By: By: By: By: By:
	TO RISK MANAGEMENT. THANKS ENT: (All contracts and MOU's Disapproved: Disapproved:		funding agreements) By:
OTHER APPROVA Departments: Approved: Approved:	AL: (Specify department(s) pa Disapproved: Disapproved:	articipating or directly affe Date: Date:	cted by this contract). By: By:

PH4:13 HR/RM AUG 3'18

18-1230 A 1 of 1