

# CONTRACT ROUTING SHEET

Date Prepared: 8/9/18

Need Date: First Reading 8/28

**PROCESSING DEPARTMENT:**

Department: CAO  
Dept. Contact: Sue Hennike  
Phone #: 5577  
Department  
Authorization: [Signature]

**CONTRACTOR:**

Name: N/A  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** CAO

Service Requested: Review VHR ordinance amendments  
Contract Term: \_\_\_\_\_ Contract Value: N/A  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

**COUNTY COUNSEL:**

Approved:  Disapproved: \_\_\_\_\_ Date: 8-14-18 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Comments discussed - copy given to Stt by email

EL DORADO COUNTY COUNSEL  
2018 AUG -9 PM 2:55