Agreement #	- Amendment	# Leai	star#
3			

CONTRACT AMENDMENT ROUTING SHEET

Phone: Department Head Signature: Org Code: Project String (if applicable): CONTRACTING DEPARTMENT: Service Requested: Description: Contract Term: Contract Term: Countract Term: Countract Term: Disapproved: Approved: Disapproved: Date: By: COUNSEL: COUNSEL: Disapproved: Date: By: COUNSEL: By: COUNSEL: By: COUNSEL: By: COUNSEL: By: COUNSEL: COUNSEL: COUNSEL: COUNSEL: Disapproved: Date: By: COUNSEL: By: COUNSEL: Disapproved: Date: By: COUNSEL: COMPliance with Human Resources requirements? COUNSEL: COMPliance verified by: COUNSEL: C	Date Prepared:		Need Date:		
Department Head Signature: Org Code: Project String (if applicable): CONTRACTING DEPARTMENT: Service Requested: Description: Contract Term: Contract Value: Countract Term: Date: By: Approved: Disapproved: Date: By: Date: Date: By: Date: Date:	Department: Dept. Contact:		Name:		
Org Code: Project String (if applicable): CONTRACTING DEPARTMENT: Service Requested: Description: Contract Term: Contract Term: County Counsel: Approved: Disapproved: Disapproved: Disapproved: Disapproved: Disapproved: Disapproved: Date: By: Counsel Please Forward to Hr and RISK Management THANKS! HR APPROVAL: Compliance with Human Resources requirements? Compliance verified by: RISK MANAGEMENT APPROVAL: Approved: Disapproved: Date: By: OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).	Department -				
Service Requested: Description: Contract Term: Country Counsel: (must approve all contracts and MOU's) Approved: Disapproved: Disappro	rieau Sigilature. ₋		Org Code: Project String		
COUNTY COUNSEL: (must approve all contracts and MOU's) Approved: Disapproved: Date: By: Approved: Disapproved: Date: By: By: By: Date: Date: Date: By: Date: Date: Date: Date: Date: By:	Service Requested Description:	d:			
Approved: Disapproved: Date: By:	Contract Term:		Contract Value:		
COUNSEL PLEASE FORWARD TO HR AND RISK MANAGEMENT THANKS! HR APPROVAL: Compliance with Human Resources requirements? Yes: No: Compliance verified by: RISK MANAGEMENT APPROVAL: (all contracts & MOU's except boilerplate grant funding cont Approved: Disapproved: Date: By: Approved: Disapproved: Date: By: OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).	Approved:	Disapproved:	Date:	By: By:	
Approved: Disapproved: Date: By: Approved: Disapproved: Date: By: OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).	co HR APPROVAL: Compliance with F	UNSEL PLEASE FORWARD	ents? Yes:		
Approved: Disapproved: Date: By: OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).				-	
OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).	Approved:	· · · ·			
· · · · · · · · · · · · · · · · · · ·	Departments:				
Approved:Disapproved:Date:By:Approved:Disapproved:Date:By:					