EL DORADO COUNTY
DEPARTMENT OF HUMAN SERVICES
CalWORKs

SUBSIDIZED EMPLOYMENT PROGRAM
CONTRACT
AMENDMENT

_____ EMPLOYEE

_____ EMPLOYER

The parties hereto have mutually agreed to amend the above-referenced Contract to reflect a change in:

☐ Term The period of _____ through _____.

☐ Wage Amended hourly wage = $_____

☐ Other _____

_____

_____

Except as herein amended, all other parts and sections of that Contract #_____ shall remain unchanged and in full force and effect.

IN WITNESS WHEREOF, this Contract Amendment has been executed, by and on behalf of the parties hereto, this date:

EMPLOYER:

_____
Typed Name and Title

_____
Signature Date

EL DORADO COUNTY DEPARTMENT OF HUMAN SERVICES:

Debbie Stack, Program Manager
Typed Name

_____
Signature Date

Daniel Nielson, Director of Human Services
Typed Name and Title

_____
Signature Date