

EMERGENCY CONTINGENCY FUND PROGRAM CONTRACT # _____ AMENDMENT

	EMPLOYEE			EMPLOYER
The parties h in:	ereto have mutually a	greed to amend th	ne above-referenced (Contract to reflect a change
☐ Term	The period of	through	_	
☐ Wage ☐ Other	Amended hourly v	vage = \$		
Reason:				
				ted, by and on behalf of the Y DEPARTMENT OF HUMAN SERVICES:
			, Program Ma	anager
Typed Name a	nd Title		Typed Name	
Signature		Date	Signature	Date
			, Director of Human Services	
			Typed Name and Title	
			Signature	Date