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**DEPARTMENT OF SPECIAL SERVICES  
TOWNSHIP OF UNION PUBLIC SCHOOLS  
M-E-M-O-R-A-N-D-U-M**

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**TO: Gregory Tatum  
Diane Cappiello  
Julia Vicidomini**

**From: Kim Conti** 

**Re: Board Agenda Items**

**Date: April 19, 2016**

**Please place the following on the board agenda:**

**The committee recommends and I so move that approval be given Maxim Healthcare Services Inc., to provide Nursing Services, at the rate of \$45.00 for RN and LPN \$36.90, not to exceed \$58,800.00 (Per the Beach, Vitale Act Senate # 375) (Acct # 11-000-216-320-01-19) for the School Year 2016-2017.**



**Amendment to Service Agreement**

The Service Agreement, by and between ATC Healthcare Services, Inc. (herein referred to as "ATC") and Union Township Schools (herein referred to as "SCHOOL"), is hereby amended as follows, effective from July 1, 2016 thru June 30, 2017:

The rates listed are hereby replaced with the rate table below:

<b>Union Township Schools</b>	
Occupation	Per Diem Hourly Rate
Registered Nurse	\$45.00
Licensed Practical Nurse	\$36.90
Aide	\$23.00
<b>Additional terms:</b> <ul style="list-style-type: none"> <li>• All assignments will be a two hour minimum charge.</li> <li>• SCHOOL has the right to cancel any scheduled short-term assignment with two (2) hours notice prior to the start of the assignment without penalty. Assignments canceled with less than two (2) hours notice will be billed for two (2) hours at the agreed assignment rate.</li> <li>• Overtime Pay: 1.45 times the hourly bill rate</li> <li>• If Healthcare Associate is attends a field trip or some other SCHOOL outing, SCHOOL will reimburse ATC for all reasonable normal expenses incurred during such outing (i.e. transportation expense, entrance fees, etc.)</li> </ul>	

All other terms and conditions will remain unchanged as stated in the original Agreement and subsequent Amendment(s).

The parties have executed this Amendment and so certify below by signatures of authorized representatives.

ATC Healthcare Services, Inc.  
 BY: \_\_\_\_\_  
 NAME: David Savitsky  
 TITLE: CEO  
 EMAIL: DSavitsky@ATCHealthcare.com  
 DATE: \_\_\_\_\_

Union Township Schools  
 BY: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 DATE: \_\_\_\_\_

THIS DOCUMENT IS NOT VALID OR BINDING UNLESS SIGNED BY AN OFFICER OR DIRECTOR OF CONTRACTING OF ATC HEALTHCARE SERVICES, INC.