

p. 20

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

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

From: Kim Conti 

Re: Board Agenda Item

Date: April 26, 2017

Please place the following on the board agenda:

Approve ATC (Around the Clock) Healthcare Services Inc., to provide Nursing Services, at the rate of \$54.90 for RN and \$41.90 for LPN, not to exceed \$390,000.00 in accordance with the information in the hands of each board member for the 2017-2018 school year. (Acct # 11-000-216-320-01-19)



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, 2017 thru June 30, 2018:

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

Union Township Schools	
Occupation	Per Diem Hourly Rate
Registered Nurse	\$54.90
Licensed Practical Nurse	\$41.90
Aide	\$26.00
Additional terms: <ul style="list-style-type: none"> • All assignments will be a two hour minimum charge. • 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. • Overtime Pay: 1.5 times the hourly bill rate • 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.) 	

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.

Union Township Schools

BY: _____

BY: _____

NAME: David Savitsky

NAME: _____

TITLE: CEO

TITLE: _____

EMAIL: DSavitsky@ATCHealthcare.com

EMAIL: _____

DATE: _____

DATE: _____

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