

Client Contract Change Order Form

Change Request #:	01 "Employer":	Troup County (Troup Co. Jail)
Requestor:	Phone Number:	Email: Date Submitted Date to be Implemented:
Julie Monteith	706-298-4914 Julie.monte	ith@wecaretlc.com 7/6/2020
Reason for Change:	Additional, temporary staffing to aid in	screening of entire inmate population
Priority:	☐ Emergency	☑ Urgent ☐ Routine
Type of Request:	☐ Formulary Change ☑ Staffing Pay Rate	☐ Scope of Services ☐ Health Center Hours ☐ Vendor Services ☐ Other
Description of Change(s) Needed:	inmate population. We are actively rec	ate need of additional staffing to aid in screening of the entire cruiting for CNA, MA and firemen. We are looking to hire with everage time would be 4 hours in the morning and 4 hours in the \$1,120 a week or \$4,800 a month.
Employer acknowledges and understands that this Change Order may impact health center pass through costs. Except as expressly provided in this Change Order, all other terms and conditions contained within the underlying agreement between WeCare tlc, LLC and Employer shall remain unchanged and in full force and effect.		
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Authorized Signa	tory, Employer	Authorized Signatory, WeCare tlc Corrections, LLC
ERIC L.	Mosley	Jill Sims, CFO
Print Name	•	Print Name
7/13/20 Date		7/14/2020 Date
For WeCare tlc Inte	ernal Use Only:	
WeCare tic - Acco Approved: ⊠	ounting Yes	JS Date: 7/9/2020
WeCare tlc - Hum Approved: ⊠	nan Resources Yes	LP

Simply Smarter Healthcare

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