Contract Section Number (Lead) **FY** **HID** **EC** **ID**

THIS CONTRACT, between {Enter Department Name}

 Health Department

(**Health Department**) {Enter Department Address}

 {Enter Department City}, KY {Enter Department Zip}

and {Enter Contract Employee's Name}

(**Employee**)

 {Enter Employee's Address}

 {Enter Employee's City}, {Enter Employee's State} {Enter Zip}

The contract between the aforementioned parties is amended as follows:

{Enter Description of Contract Change}

All other terms and conditions of the contract except as modified above are hereby ratified and confirmed. The period within the current fiscal year in which services are to be performed under this amendment is from {Enter Start Date} to {Enter End Date}.

Net Increase in Contract ${Enter Dollar Value} Net Decrease in Contract ${Enter Dollar Value}

Revised Contractual Total ${Enter Dollar Value}

Please signify your acceptance of the above amendment to the contract by affixing your signatures to the appropriate designation as stated below.

**HEALTH DEPARTMENT:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ {Enter Date Signed}

(SIGNATURE OF AUTHORIZED AGENT)

{Enter Health Department Name}

**EMPLOYEE:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ {Enter Date Signed}

(SIGNATURE OF EMPLOYEE)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(PRINT OR TYPE NAME OF EMPLOYEE)