



AMENDMENT FOR CONTRACT RENEWAL


This contract, made and entered into by The County of DuPage, 421 North County Farm Road, Wheaton, Illinois, 60187, hereinafter called the "COUNTY" and NOVASTAFF HEALTHCARE SERVICES, INC., located at POST OFFICE BOX 249, COAL CITY, Illinois 60416, hereinafter called the "CONTRACTOR", witnesseth;

The COUNTY and the CONTRACTOR have previously entered into a Contract, pursuant to Bid #21-006-CARE which became effective on 04/10/2021 and which will expire 04/12/2023. The contract is subject to a second of three options to renew for a twelve (12) month period.

The contract renewal shall be effective on the date of last signature and shall terminate on 04/12/2024.

The parties now agree to renew said agreement, upon the same terms as previously agreed to, including the removal of consideration of Placement Fees.

CONTRACTOR



SIGNATURE

David Sim

PRINTED NAME

Manager

PRINTED TITLE

3/29/2023

DATE

THE COUNTY OF DUPAGE

SIGNATURE

Nickon Etminan

PRINTED NAME

Buyer II

PRINTED TITLE

DATE

- **Overtime**

Client will pay Agency overtime (over 40 hours in a Saturday through Friday work week) according to local, state, and federal law at one and one-half (1.5) times the regular rate.

- **Placement Fee**

Following the completion of 520 regular billable hours by Supplemental Personnel, Facility may hire Staff on a regular basis as a permanent employee. Facility shall pay liquidated damages in the amount of \$5,000.00 upon hire of all Registered Nurses or Licensed Practical Nurses, liquidated damages for all other Agency Staff would be \$2,500.00.

- **Cancellation Fee**

If Client cancels an assignment less than two (2) hours prior to the beginning of the shift, then Client will pay a (2) hour minimum on behalf of Supplemental Personnel who is canceled. Should the Supplemental Personnel arrive at the Client and is then asked to leave, Client will pay a four (4) hour minimum fee. If the Client begins to use the nursing services and then asks the supplemental personnel to leave, for reasons other than poor performance, Client will pay for the entire shift.

Hourly Rates by Position and Shift

	M – F 7a-3p	M – F 3p-11p	M – F 11p-7a	Sat/Sun 7a-3p	Sat/Sun 3p-11p	Sat/Sun 11p-7a	Holiday 7a-3p	Holiday 3p-11p	Holiday 11p-7a
RN	\$65	\$65	\$65	\$67	\$67	\$67	\$97.50	\$97.50	\$97.50
LPN	\$55	\$55	\$55	\$57	\$57	\$57	\$82.50	\$82.50	\$82.50
CNA	\$36	\$36	\$36	\$37	\$37	\$37	\$54	\$54	\$54

List holidays included in Holiday Rate(s) above:

Holiday
1. Fourth of July
2. Easter
3. Mother's Day
4. Memorial Day
5. Labor Day
6. Thanksgiving Day
7. Christmas Eve (Beginning with PM Shift)
8. Christmas Day
9. New Year's Eve (Beginning with PM Shift)
10. New Year's Day

- **Holiday rates**

Client will pay holiday rates as follows: the night shift before holiday, day, pm, and night shift of holiday. And recognizes the PM shift prior for Christmas Eve and New Year's eve.