

TENNESSEE DEPARTMENT OF HEALTH

Vendor Party

RUTHERFORD COUNTY

Procuring Party

This memorandum signifies agreement of the above parties concerning the provision of employee services. The agreement is as follows:

1. Vendor agrees to furnish the services of the following employees:

<u>NAME</u>	<u>EMPLOYEE ID</u>	<u>ANNUAL AMOUNT PAID TO STATE</u>
Dana Garrett	00113524	\$8,254.00

2. There will be no substitutions or additions to the above list. The employees will perform their regular duties and assignments required of them as adjunct employee(s) of the Rutherford County Health Department.
3. Compensation to the Vendor Party is \$ 6,729.00 plus applicable cost of staff benefits not to exceed \$1,525.00 Maximum Liability of the procuring party is \$8,254.00, provided, however, that should the benefits increase due to an increase of the FICA rate and/or the Retirement rate, the additional expense will be born by the procuring party.
4. Payment of one-fourth of the yearly total will be made by the Procuring Party no later than the 15th day of the first month of each quarter by depositing said money to the Treasurer, State of Tennessee. Payment to employees shall be made by the Vendor Party at the end of each month.
5. The term of this agreement shall be from July 1 2014 through June 30,2015.
6. Contract and compensation terms between the Vendor Party and the above listed employee(s) are the responsibility of the Vendor Party.
7. Either party may terminate this agreement by giving written notice to the other at least ten (10) days before the effective date of termination. In that event, the vendor shall be entitled to receive just and equitable compensation for any satisfactory work completed as of the termination date.

