



# Flagler County Public Schools

P. O. Box 755 ■ 1769 E. Moody Blvd. ■ Bunnell, FL 32110  
Telephone (386) 437-7526 ■ SUNCOM 370-7575 ■ Fax (386) 437-7577  
www.flaglerschools.com

## Contract for Personal/Professional Services (First Amendment)

Please Print or Type contract - signatures in blue ink please

Date: February 2, 2016 (Initial contract date 10/23/15)

Payee Name (Print): Michael Judd

Physical Address: 13155 NE 251<sup>st</sup> Terrace, Salt Springs, FL 32134

Mailing Address: P.O. Box 5394, Salt Springs, FL 32134

Social Security Number: \_\_\_\_\_ Phone: \_\_\_\_\_

I, Michael Judd, agree to provide the following service:

(Payee written signature - in blue ink please)

Consulting services and Emergency  
Operations Center preparations.

for operations departments (i.e. transportation, maintenance, custodial) on  
10/26/15 (initial start date) and continuing per this first amendment through 6/30/16.

at the following rate: \$ 55.00 per hour.  
(dollar amount) (hour/day/wk...)

Estimated not to exceed \$17,750 (9,500 initial K +8,250 amend contract) per fiscal year (July 1 through June 30)

I will be working with students (either directly or indirectly) (check one)  Yes  No (required for FTE confirmation)

My Fingerprints are on file with \_\_\_\_\_ (organization) \_\_\_\_\_ (County) (approximate date prints taken)

Note: In accordance with the Jessica Lunsford Act, HB 1877 - if you have not been actively working within the last 12 months with current fingerprints on file, you will be required to be fingerprinted through our H.R. Department before working and receiving payment from our District. Our fingerprint application is attached for your use, if needed. \*\*No payments will be made until fingerprint compliance has been verified.\*\*

### \*\*For School Board Use - to be completed by contracting department\*\*

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Fund Function Object Center Project

Fingerprint compliance verified by: \_\_\_\_\_ on \_\_\_\_\_

Department Administrator \_\_\_\_\_ Date \_\_\_\_\_

Director of Finance (if over \$1,500/yr) \_\_\_\_\_ Date \_\_\_\_\_

[Signature] \_\_\_\_\_ 2/3/16  
Superintendent (if over \$5,000/yr) Date

[Signature] \_\_\_\_\_  
Chairman of the Board (if over \$10,000/yr) Date