

**CONTRACT AMENDMENT NO. 6
CONTRACT FOR TEMPORARY WORKER SERVICES
CONTRACT # SPB12-2029P-3**

This CONTRACT AMENDMENT No. 6 is to amend the above-referenced contract between the State of Montana, Department of Administration, State Procurement Bureau (STATE), whose address and phone number are Room 165 Mitchell Building, 125 N Roberts, PO Box 200135, Helena MT 59620-0135, (406) 444-2575 and **Western Staff Services of Helena, Inc. on behalf of Westaff U.S.A./Koosherem** (CONTRACTOR), whose address and phone number are 210 E. Lyndale, Helena, MT 59601, (406) 443-7169.

The STATE and CONTRACTOR desire to amend Contract #SPB12-2029P-3 as follows:

- 1) In accordance with the section entitled Effective Date, Duration, and Renewal, both parties mutually agree to extend this Contract for the period November 1, 2016, through April 30, 2017, per the terms, conditions, and prices agreed upon.
- 2) Section 7.1, Consideration/Payment, is amended to replace set cost per hour fees with a fully loaded labor billing rate of 1.4, (i.e. employee fully loaded hourly pay rate multiplied by 1.4 equals total paid by the agency). Fully loaded labor rate includes the employee's salary plus tax, insurance, and benefits withholding.
- 3) Section 16.6 is no longer relevant, due to the change to payment method.

~~**16.6 — Additional Costs.** As consideration for this amendment, the fees paid to Contractor by the State are revised to include an additional fee in the amount of ten percent (10%) of the actual cost of coverage attributable to those individuals who perform services for the State and who elect medical coverage under Contractor's medical plans. For this purpose, the "actual cost of coverage" equals the cost of coverage determined for purposes of compliance with the continuation of coverage requirements under the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA), reduced by the 2% COBRA administration fee and further reduced by the portion of such cost paid by the individual electing coverage, which shall be no less than 50% of such cost, except to the extent necessary to meet the affordability requirements under Code § 4980H. The actual cost of coverage shall be determined on a payroll period basis and paid only for those pay periods during which the individual performing services is enrolled in Contractor's medical plan.~~

- 4) Section 18, Liaisons and Service of Notices, is amended as follows:

Michelle Edmunds is the Contractor's liaison.
210 E. Lyndale
Helena MT 59601
Telephone: (406) 443-7169
Fax: (406) 443-5803
E-mail: michelle@westaffmt.com

Except as modified above, all other terms and conditions of Contract SPB12-2029P-3 remain unchanged.

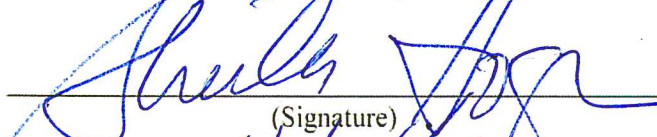
DEPARTMENT OF ADMINISTRATION

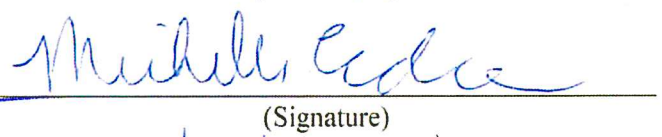
**STATE PROCUREMENT BUREAU
PO BOX 200135
HELENA MT 59620-0135**

**WESTERN STAFF SERVICES OF HELENA, INC.
ON BEHALF OF WESTAFF U.S.A./KOOSHEREM
210 E LYNDALE
HELENA MT 59601
FEDERAL ID # 68-0095781**

BY: Sheila Hogan, Director
(Name/Title)

BY: Michelle Edmunds, President
(Name/Title)

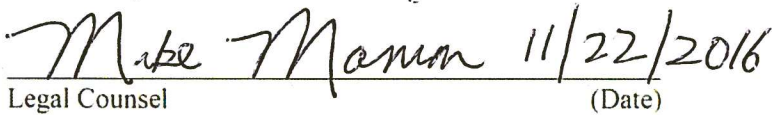

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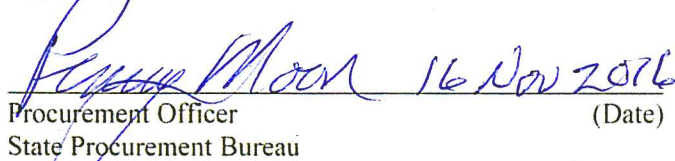
DATE: 11/24/16

DATE: 11/4/16

Approved as to Legal Content:


Legal Counsel (Date) 11/22/2016

Approved as to Form:


Procurement Officer (Date) 16 Nov 2016
State Procurement Bureau