



**Contract Number**  
21-916 A2

**SAP Number**

## District Attorney

**Department Contract Representative** Claudia Walker  
**Telephone Number** (909) 382-7689

**Contractor** Stephanie Weissman  
**Contractor Representative** \_\_\_\_\_  
**Telephone Number** On File  
**Contract Term** 12/20/2021 – 11/30/2025  
**Original Contract Amount** \$420,540  
**Amendment No. 1 Amount** \$468,000  
**Amendment No. 2 Amount** \$0  
**Total Contract Amount** \$888,240  
**Cost Center** 4504011000

**IT IS HEREBY AGREED AS FOLLOWS:**  
**AMENDMENT NO. 2**

Effective March 22, 2025, San Bernardino County (County) and Stephanie Weissman (CONTRACT ATTORNEY) agree to amend Contract No. 21-916 as follows:

**1. REPLACE SECTION IV. COMPENSATION OF CONTRACT ATTORNEY, Subsection D., RETIREMENT PLAN with the following:**

**D. RETIREMENT PLAN**

If CONTRACT ATTORNEY is regularly scheduled for and regularly works a minimum of 40 hours per pay period, CONTRACT ATTORNEY shall participate in the County's general retirement system, i.e. San Bernardino County Employees Retirement Association (SBCERA), during the term of this contract pursuant to the Attorney MOU as modified by, and in accordance with, the applicable terms of the County Employee Retirement Law of 1937, the California Public Employees' Pension Reform Act of 2013 (Gov't Code section 7522 et seq.), and the By-Laws and other requirements of the San Bernardino County Employees' Retirement Association.

If CONTRACT ATTORNEY regularly works less than 40 hours per pay period, or otherwise does not meet the definition of a member of the retirement system, and is not a participant in the County's 401(k)

plan, CONTRACT ATTORNEY shall instead participate in the County's PST Deferred Compensation Retirement Plan.

If CONTRACT ATTORNEY is first hired at age 60 or over, CONTRACT ATTORNEY may choose not to become a member of the SBCERA at the time of hire, pursuant to the terms and conditions of the plan.

**2. ADD SECTION IV. COMPENSATION OF CONTRACT ATTORNEY, Subsection F. to read as follows:**

**F. MEDICAL AND DENTAL COVERAGE**

CONTRACT ATTORNEY is enrolled in another comparable employer sponsored coverage and chooses to "opt-out" or "waive" from the County offered health plans with no compensation for the "opt-out" or "waiver".

**3. ADD SECTION IV. COMPENSATION OF CONTRACT ATTORNEY, Subsection G. to read as follows:**

**G. LEAVE PROVISIONS**

CONTRACT ATTORNEY shall accrue sick leave pursuant to the Leave Provisions outlines in the County Standard Operating Procedure regarding the California Healthy Families Act of 2014 (AB 1522). Upon termination of the contract, the unused balance of sick leave will be forfeited and will not cash out to CONTRACT ATTORNEY.

**All other terms and conditions of Contract No. 21-916 remain in full force and effect.**

This Amendment No. 2 may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Amendment No. 2. The parties shall be entitled to sign and transmit an electronic signature of this Amendment No. 2 (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Amendment No. 2 upon request.

**IN WITNESS WHEREOF**, the San Bernardino County and the Contract Attorney have each caused this Amendment No. 2 to be subscribed by its respective duly authorized officers, on its behalf

SAN BERNARDINO COUNTY

►  
\_\_\_\_\_  
Dawn Rowe, Chair, Board of Supervisors

Dated: \_\_\_\_\_  
SIGNED AND CERTIFIED THAT A COPY OF THIS  
DOCUMENT HAS BEEN DELIVERED TO THE  
CHAIRMAN OF THE BOARD

Lynna Monell  
Clerk of the Board of Supervisors  
of the San Bernardino County

By \_\_\_\_\_  
Deputy

Stephanie Weissman  
\_\_\_\_\_  
(Print or type name of corporation, company, contractor, etc.)

By ► \_\_\_\_\_  
(Authorized signature - sign in blue ink)

Name \_\_\_\_\_  
Stephanie Weissman  
(Print or type name of person signing contract)

Title \_\_\_\_\_  
Contract Attorney  
(Print or Type)

Dated: \_\_\_\_\_

Address \_\_\_\_\_  
On File  
\_\_\_\_\_

**FOR COUNTY USE ONLY**

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
► _____ Scott Runyan, Principal Assistant County Counsel	► _____ Gina King, HR Assistant Director	► _____ Jason Anderson, District Attorney
Date _____	Date _____	Date _____