



Contract Number

SAP Number

Board of Supervisors

Department Contract Representative	Sofia Almeida
Telephone Number	387-4378
Contractor	Amanda Fakhoury (hereinafter called "Contractor")
Contractor Representative	
Telephone Number	On File
Contract Term	
Original Contract Amount	
Amendment Amount	
Total Contract Amount	
Cost Center	1005001000

THIS CONTRACT is entered into in the State of California by and between San Bernardino County, hereinafter called the County, and Amanda Fakhoury referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN **Contract No. 21-896** by and between San Bernardino County, a political subdivision of the State of California, and Contractor for employment, which Contract first became effective December 4, 2021, the following changes are hereby made and agreed to, effective May 24, 2022:

- I. **ARTICLE IV COMPENSATION OF CONTRACTOR**, is hereby amended to include as follows:

PORTABLE COMMUNICATION DEVICE ALLOWANCE

CONTRACTOR shall receive a bi-weekly portable communications devise allowance of \$92.31 with written approval of the Appointing Authority, the CONTRACTOR shall be subject to adjustments to the bi-weekly portable communication devise (increases or decreases), but any increase shall not exceed the maximum amount allowable and be consistent with the amount for Exempt Group B level benefit, pursuant to the terms and conditions set forth in the San Bernardino County Exempt Group Working Conditions Ordinance.

II. All other terms, conditions and covenants in the basic agreement remain in full force and effect

SAN BERNARDINO COUNTY

▶

Curt Hagman, Chairman, 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
San Bernardino County

By _____
Deputy

Amanda Fakhoury
(Print or type name of corporation, company, contractor, etc.)

By ▶ _____
(Authorized signature - sign in blue ink)

Name Amanda Fakhoury
(Print or type name of person signing contract)

Title Communications Advisor I -Fifth District
(Print or Type)

Dated: _____

Address _____

FOR COUNTY USE ONLY

Approved as to Legal Form
▶ _____
Cynthia O'Neill, Principal Assistant County
Counsel
Date _____

Reviewed for Contract Compliance
▶ _____
Date _____

Reviewed/Approved by Department
▶ _____
Date _____