

## **Amendment to Supplemental Custodial Services Quote**

Contractor Name:			LCS Purchasing Approval:			
Requesting	; Site:	Amends: Term 🗆	Rate 🗆	NTE 🗆	Scope of S	Services 🗆
Description	of Amendment:					
	Contractor	Staff Addition or Replace	rement R	ennest		
The Contr		-		•	hasing@loo	encaha ala mat
	actor must send a request for sta receive written authorization be		_		_	
Staff prov	iding services on-site at a Board	location must obtain a Level	II backgrou	ınd check t	hrough the	LCS Safety &
Security F	ingerprint Office at the Contracto	or's expense.				
	ractor staff listed are not autho	•				-
	g Director. Any Contractor that Contract cancellation will be at	• •	-	ts will be i	rouna in aei	rault of their
Level II cle	earance verification can be obtain	ned at: https://fps.leon.k12.fl	.us			
				Phone	SSN	Level II
	Legal First Name	Legal Last Name		umber	(last 4)	Verified
Add						
Add						
Add						
Add						
Add Remove						
Remove						
Remove						
Remove Remove	Contractor		Site A	dministra	tor Approv	val
Remove Remove	Contractor  Authorized Representative Signatur	re	Site A	.dministra Signat		val