

EMPLOYMENT AGREEMENT

Agreement dated July 1, 2019 between Hall County (the Employer), and Correctional Nursing Services, LLC. (the Independent contractor):

**Nursing Services.** Independent Contractor agrees to provide Nursing Services which will include responsibility for all healthcare services, labor, taxes, licenses, and insurance for a base census count of approximately 1,100 inmates at the Hall County Jail/Detention Center.

Cost Schedule:

<u>Description:</u>	<u>Contract Price</u>
Price Schedule for Nursing Services:	
1. RN Supervisor	<u>\$49.88 / Hour</u>
2. LPN Weekdays	<u>\$ 30.58 / Hour</u>
3. LPN Weekends	<u>\$ 32.18 / Hour</u>
4. LPN Holidays (9 paid Holidays)	<u>\$ 45.84 / Hour</u>
5. Clerks	<u>\$ 20.52 / Hour</u>

Hall County Government is not responsible for any overtime for Nursing Services.

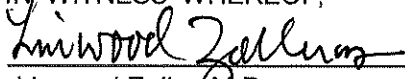
**Vacations.** In the event Independent contractor is unable to come to the Hall County Detention Center or be on call as required under the provisions of Paragraph 5, as a result of being out of town, ill, or for any other reason, Independent Contractor agrees to make arrangements for a qualified person to visit the Detention Center and remain on call during his absence. Independent Contractor shall give Employer at least nine (9) days' notice of this intended absence whenever possible.

**Waiver of Breach.** The waiver by either party of a breach of any provision of this Agreement shall not operate or be construed as a Waiver of any subsequent breach. No waiver shall be valid unless in writing and signed by either party.

**Notices.** Any notice required or desired to be given under this agreement shall be deemed given if in writing and sent by certified mail to Employer and/or Hall County Sheriff's Office. Independent Contractor: Linwood Zoller, M.D., P.O. Box 995, Oakwood, GA 30566.

**Entire Agreement.** This agreement contains the entire understanding of the parties. It may not be changed orally but only by an agreement in writing signed by the party against whom enforcement of any waiver, change, modification, extension, or discharge is sought.

IN WITNESS WHEREOF,

  
\_\_\_\_\_  
Linwood Zoller, M.D.

\_\_\_\_\_  
Chairman, Hall County Commission

Date: 4/4/19