

WE Agreement # \_\_\_\_\_

**Southcentral Mississippi Workforce Work Experience  
Modification Form**

**Worksite Employer:** Madison County Board of Supervisor

This modification is effective on July 1, 2013 and changes the terms of the above-numbered Work Experience agreement as follows:

X New Program Training Period:  
Dates: July 1, 2013 to June 30, 2014

\_\_\_\_ New Authorized Signer:  
Name: \_\_\_\_\_

\_\_\_\_ Other terms and conditions have been changed as follow:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agreed to by signing below:

**Worksite Employer**  
Name: \_\_\_\_\_

**Employer of Record**  
Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_