

**Southcentral Mississippi Workforce Work Experience
Modification Form**

Worksite Employer: Madison County Board of Supervisors

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

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

 X New Authorized Signer:
 Name: Mark Houston

 Other terms and conditions have been changed as follow:

**As of December 1, 2013 Mark Houston has been appointed
County Administrator for the Madison County**

Agreed to by signing below:

Worksite Employer

Employer of Record

Name: _____

Name: _____

Date: _____

Date: _____