

Purchase Change Request



Marshall University
Office of Purchasing
One John Marshall Drive
Huntington, WV 25755-4100

Order #
MU22TEMPS_A

FY 25	Buyer LL	Date 10/11/2024	Account 1Varies	P.O. Date 08/27/2021	Contract MU22TEMPS_A
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Document <input type="checkbox"/> Requisition (Cancellation only) <input type="checkbox"/> Regular Purchase Order <input type="checkbox"/> Contract Purchase Order <input checked="" type="checkbox"/> Open End Contract Purchase <input type="checkbox"/> Agreement	Document Action <input type="checkbox"/> Cancellation <input type="checkbox"/> Increase/Decrease <input type="checkbox"/> Unused Balance <input type="checkbox"/> Freight <input type="checkbox"/> Renewal <input type="checkbox"/> Extension Error	<input type="checkbox"/> Error in Total Amount <input type="checkbox"/> Change of Account <input type="checkbox"/> Change of Vendor Name/Address <input checked="" type="checkbox"/> Other
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Vendor Name, Address, Phone #, etc. Adecco USA Inc. 10151 Deerwood Park Blvd. 200-400 Jacksonville, FL 32256	Vendor Code 943286700	BOG Unit Name & Address Marshall University Office of Purchasing One John Marshall Drive Huntington, WV 25755-4100
Ph# 304-345-8367	Fax	FEIN# 943286700

Item#	Quantity	Description of Change	Unit Price	Extended Price
		Change Order # 5 Open End Temporary Employment Services To make the following change(s) according to all terms and conditions, pricing, and specifications contained in the original contract and all authorized change orders. 1. Correct job title line items 2. Correct renewal # from one (1) to three (3) Renewal Effective: September 1, 2024 - August 31, 2025 Renewal #: three (3) of four (4) one-year renewals Renewals remaining: one (1) renewal remaining Vendor Contact: Zachary Dunn at Zachary.Dunn@Adeconacona.com		

Reason for Change: 1. Correct job title line items 2. Correct renewal # from one (1) to three (3)	Previous Total	\$ Open-End
	Increase	\$ -
	Decrease	\$ -
	New Total	\$ Open-End

Approved: Michelle Wheeler 10/15/2024
Authorized Signature Date

N/A
Attorney General if required Date

Marshall Rate Sheet 10/11/2024

Items	Items	Items	Items
15.1	Accounting Assistant I	\$ 11.51	\$ 14.61
15.2	Accounting Assistant II	\$ 13.01	\$ 16.52
15.30	Administrative Assistant	\$ 13.85	\$ 17.58
15.40	Administrative Assistant Senior	\$ 15.78	\$ 20.04
15.50	Administrative Assistant- Fairfield	\$ 14.05	\$ 17.84
15.60	Administrative Secretary Sr.	\$ 15.00	\$ 19.33
15.70	Business Clerk	\$ 9.48	\$ 12.03
15.80	Cashier	\$ 8.75	\$ 11.11
15.90	Cashier Lead	\$ 10.05	\$ 12.76
15.10	Customer Service Representative	\$ 9.48	\$ 12.03
15.11	Data Entry Operator	\$ 9.48	\$ 12.03
15.12	Data Technician 1	\$ 10.21	\$ 12.96
15.13	Medical Records Assistant	\$ 10.05	\$ 12.76
15.14	Receptionist	\$ 9.22	\$ 11.70
15.15	Records Assistant 1	\$ 8.97	\$ 11.39
15.16	Records Assistant 2	\$ 10.21	\$ 12.96
15.17	Residence Hall Desk Coordinators	\$ 9.48	\$ 12.03
15.18	Secretary I	\$ 9.48	\$ 12.22
15.19	Applications Systems Analyst Programmer	\$ 16.50	\$ 20.95
15.20	System Programmer	\$ 15.78	\$ 20.04
15.21	Building Service Worker	\$ 8.97	\$ 11.57
15.22	Campus Service Worker	\$ 8.97	\$ 11.57
15.23	Laborer II	\$ 12.48	\$ 16.10
15.24	Parking Attendant III	\$ 13.48	\$ 17.37
15.25	Receiving Position	\$ 10.05	\$ 12.76
15.26	Trade Specialist 1	\$ 15.78	\$ 20.04
15.27	General Labor I	\$ 9.48	\$ 12.22
15.28	Secretary II	\$ 12.48	\$ 16.10
15.29	Secretary III	\$ 13.85	\$ 17.58
15.30	Parking Attendant I	\$ 9.48	\$ 12.22
15.31	Parking Attendant III	\$ 12.48	\$ 16.10

*changes are in **bold**



Office of Purchasing

Renewal Letter

July 22, 2024

VIA EMAIL: ryan.howard@adeccona.com

Mr. Ryan Howard
 Adecco USA, Inc.
 10151 Deerwood Park Blvd. 200-4—
 Jacksonville, FL 32256

Re: Contract Renewal for MU22TEMPS A

Dear Mr. Howard,

The above referenced contract expires on August 31, 2024. There is a provision for renewal upon written mutual agreement of the parties.

Please annotate on the bottom of this letter, with your signature and date, if you agree to renew contract, MU22TEMPS A effective September 1, 2024, through August 31, 2025, under the same terms and conditions as the original contract including all approved change orders.

Please return the executed letter via email at your earliest convenience.

If you have any questions, please feel free to call me at 304-696-3056.

Sincerely,

Leeann Lemon

Leeann Lemon
 Contract Specialist

I agree to the current MU22TEMPS A for an additional one (1) year period under the same terms and conditions as the original contract.

Yes No

Yes, subject to the following changes indicated below or in the attached letter.

Zachary Dunn
 Signature

08/26/2024
 Date

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

CONSTRUCTION CONTRACTS: Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

ALL CONTRACTS: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: Adecco Group

Authorized Signature: [Signature] Date: 09/13/2024

State of West Virginia

County of Kanawha, to-wit:

Taken, subscribed, and sworn to before me this 13 day of September, 2024

My Commission expires 01/13/2028, 2028

ATTACH SEAL HERE



NOTARY PUBLIC

[Signature]

Purchasing Affidavit (Revised 01/19/2018)

Vendor/Customer

[Menu](#)

Vendor/Customer	Legal Name	Alias/DBA	Vendor Active Status	Customer Active Status	Previous Name
✓ 000000231854	ADECCO USA INC		Active	Inactive	

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▼ General Info

Vendor/Customer : 000000231854	Restrict Use by Department : <input type="checkbox"/>
Legal Name : ADECCO USA INC	Miscellaneous Account : <input type="checkbox"/>
Alias/DBA : <input type="text"/>	Internal Account : <input type="checkbox"/>
Vendor Active Status : Active <input type="text"/>	Third Party Only : <input type="checkbox"/>
Vendor Approval Status : Complete <input type="text"/>	Third Party Vendor : <input type="checkbox"/>
Customer Active Status : Inactive <input type="text"/>	Third Party Customer : <input type="checkbox"/>
Customer Approval Status : Incomplete <input type="text"/>	Inventory Customer : <input type="checkbox"/>
Location Name : <input type="text"/>	Healthcare Provider : <input type="checkbox"/>
First Name : <input type="text"/>	Never Archive : <input type="checkbox"/>
Middle Name : <input type="text"/>	Restrict VSS Access : No <input type="text"/>
Last Name : <input type="text"/>	Discontinue - No New Business : <input type="checkbox"/>
Company Name : ADECCO USA INC	Prevent MA Reference : <input type="checkbox"/>
Previous Name : <input type="text"/>	PunchOut Enabled : <input type="checkbox"/>
Previous Street : <input type="text"/>	Re-PunchOut Enabled : <input type="checkbox"/>
Previous City : <input type="text"/>	Electronic Order Enabled : <input type="checkbox"/>
Previous State/Province : <input type="text"/>	W-9 Received : <input type="checkbox"/>
Previous Country : <input type="text"/>	W-9 Received Date : <input type="text"/>
	W-8 Received : <input type="checkbox"/>
	W-8 Received Date : <input type="text"/>
	Accepts Credit Cards : <input type="checkbox"/>
	Active From : 01/01/1999 <input type="text"/>
	Active To : <input type="text"/>
	Last Usage Date : 09/17/2024 <input type="text"/>
	Department : <input type="text"/>
	Unit : <input type="text"/>

▶ Headquarters

▶ Organization

▶ Disbursement Options

▶ Prenote/EFT

▶ Remittance Advice

▶ Vendor Terms

▶ Accounts Receivable

▶ eMALL

▶ Location Information

▶ Fee and Vendor Compliance Holds

Fee Exempt : <input type="checkbox"/>	Tax Clearance : <input type="checkbox"/>
Registration Application Date : 09/15/2023 <input type="text"/>	Unemployment Insurance : <input type="checkbox"/>
Registration Effective Date : 09/15/2023 <input type="text"/>	Worker's Compensation : <input type="checkbox"/>
Registration Expiration Date : 09/14/2024 <input type="text"/>	Secretary of State Registration : <input type="checkbox"/>
Pre-Registration Code : <input type="text"/>	Federal Debarred : <input type="checkbox"/>

▶ Executive Compensation

▶ Additional Information

▶ Travel

▶ Change Management

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