

[Date]

[Healthcare Worker Name]

[Address]

[City, State, Zip Code]

**Subject: Notification of Placement Assignment**

Dear [Healthcare Worker Name],

We are pleased to confirm your placement at the following healthcare facility as part of your contract with [Staffing Agency Name].

**Placement Details:**

- **Facility Name:** [Facility Name]
- **Department/Unit:** [Department Name]
- **Facility Address:** [Full Address of Facility]
- **Position Title:** [Job Title]
- **Start Date:** [Start Date]
- **End Date:** [End Date/Contract Duration]
- **Shift/Schedule:** [Shift Hours and Days]

**Reporting Instructions:**

On your first day, please report to [Supervisor/Contact Person Name] at [Time]. You will be required to present your identification and any necessary clinical credentials. Please ensure you are wearing the appropriate attire as per the facility's dress code policy.

**Facility Contact Information:**

- **Primary Contact:** [Name and Title]
- **Phone Number:** [Phone Number]
- **Email:** [Email Address]

Please review your contract terms regarding timekeeping, reporting absences, and facility-specific protocols. If you have any questions regarding this assignment, please contact your account manager at [Staffing Agency Phone Number].

We wish you a successful placement.

Sincerely,

[Your Name]

[Your Title]

[Staffing Agency Name]