

[Date]

[Healthcare Professional Name]

[Professional Title/Credential]

[Address]

[City, State, Zip Code]

**Subject: Notification of Temporary Staffing Placement**

Dear [Professional Name],

This letter serves to confirm your temporary placement at the following healthcare facility:

**Facility Name:** [Facility Name]

**Department:** [Department Name]

**Facility Address:** [Full Address of Facility]

**Facility Supervisor/Contact:** [Name and Title of Contact]

**Assignment Details:**

- **Start Date:** [Date]
- **End Date:** [Date]
- **Shift Schedule:** [e.g., 7:00 AM - 7:00 PM, Days/Rotations]
- **Hourly Rate:** \$[Amount] per hour
- **Reporting Instructions:** [e.g., Check in at Main Reception/Human Resources]

**Required Documentation:**

Please ensure you have your professional identification, proof of licensure, and any facility-specific orientation documents ready upon arrival.

By accepting this placement, you agree to adhere to the policies, procedures, and safety protocols of both [Staffing Agency Name] and the host facility.

If you have any questions regarding this assignment, please contact your recruitment manager at [Phone Number] or [Email Address].

Sincerely,

[Your Name]

[Your Title]

[Staffing Agency Name]