

[Date]

[Provider Name]

[Provider Address]

[City, State, Zip Code]

Re: Confirmation of Contract Extension

Dear [Provider Name],

This letter serves as formal confirmation of the extension of your Locum Tenens assignment at [Facility Name]. We are pleased to extend your current contract under the following terms:

- **Original End Date:** [Original Date]
- **New End Date:** [New Date]
- **Department:** [Department Name]
- **Work Schedule:** [Shift Times/Days]

All other terms and conditions outlined in your original agreement dated [Original Contract Date] will remain in full force and effect. This includes your hourly rate, travel reimbursement policies, and housing arrangements.

Please sign and return a copy of this letter by [Deadline Date] to confirm your acceptance of this extension.

We appreciate your continued service and the quality of care you provide to our patients.

Sincerely,

[Your Name]

[Your Title]

[Organization/Agency Name]

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**Provider Acceptance:**

I accept the contract extension as outlined above.

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