

[Date]

[Recipient Name]

[Recipient Title]

[Facility/Organization Name]

[Address]

[City, State, Zip Code]

Subject: Confirmation of Placement Rates and Terms for [Provider Name]

Dear [Recipient Name],

This letter confirms the placement of [Provider Name], [Title/Specialty], at [Facility Name] for the assignment beginning [Start Date] and ending [End Date].

The agreed-upon rates and terms are as follows:

- **Daily/Hourly Rate:** \$[Amount] per [Hour/Shift]
- **Overtime Rate:** \$[Amount] per hour (applicable after [Number] hours)
- **On-Call Rate:** \$[Amount] per [24-hour period/Shift]
- **Call Back Rate:** \$[Amount] per hour (minimum [Number] hours)
- **Holiday Rate:** \$[Amount] per hour

Logistics and Expenses:

- **Travel:** [Included / Reimbursed up to \$Amount / Arranged by Agency]
- **Housing:** [Provided / Stipend of \$Amount / Not Applicable]
- **Malpractice Insurance:** [Provided by Agency / Provided by Facility]

Payment Terms:

Invoices will be submitted [Weekly/Bi-weekly]. Payment is due within [Number] days of the invoice date. Timesheets must be signed by an authorized facility representative by [Day of the week].

Cancellation Policy:

This assignment may be terminated by either party with [Number] days' written notice. In the event of a cancellation with less than the required notice, a fee of [Amount] will apply.

Please acknowledge your agreement to these terms by signing below and returning a copy of this letter.

Sincerely,

[Your Name]
[Your Title]
[Agency Name]

Accepted and Agreed:

Signature: _____

Printed Name: _____

Date: _____