

[Date]

[Locum Tenens Agency Name]

[Agency Address]

[City, State, Zip Code]

RE: Extension of Locum Tenens Services

Dear [Agent Name or Contact Person],

This letter serves as a formal request to renew the short-term locum tenens assignment for [Provider Name, Degree] at [Facility Name].

Due to ongoing clinical needs, we would like to extend the current contract, which is scheduled to expire on [Current End Date]. We request to renew the services for the following period:

- **New Start Date:** [Start Date]
- **New End Date:** [End Date]
- **Schedule/Shift Details:** [e.g., Monday-Friday, 8:00 AM - 5:00 PM]

All other terms and conditions of the original agreement shall remain in effect. Please confirm the availability of [Provider Name] for these dates and provide the necessary addendum or confirmation paperwork for signature.

Thank you for your assistance in ensuring continued patient care at our facility.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title]

[Facility Name]

[Phone Number]