

Date: [Insert Date]

Recipient Name: [Insert Provider Name]

Address: [Insert Provider Address]

Subject: Extension of Locum Tenens Assignment

Dear [Insert Provider Name],

We are pleased to inform you that [Insert Facility Name] has requested to extend your current locum tenens assignment.

The details of your renewal are as follows:

- **Facility:** [Insert Facility Name]
- **Original End Date:** [Insert Original Date]
- **New End Date:** [Insert New Date]
- **Schedule:** [Insert Shifts/Hours]
- **Rate:** [Insert Agreed Rate]

All other terms and conditions of your original independent contractor agreement remain in effect. Please confirm your acceptance of this extension by replying to this email or signing below.

We appreciate your continued hard work and the excellent care you provide to the facility.

Sincerely,

[Your Name]

[Your Title]

[Recruitment Agency Name]

Provider Acceptance:

Signature: _____ Date: _____