

[Date]

[Locum Tenens Physician Name]

[Address]

[City, State, Zip Code]

Subject: Extension of Short-Term Locum Tenens Emergency Coverage

Dear Dr. [Last Name],

This letter serves as a formal request to renew and extend your short-term emergency coverage agreement with [Facility/Hospital Name].

Due to ongoing staffing requirements, we would like to extend your current assignment for the following period:

- **New End Date:** [Date]
- **Total Extended Shifts:** [Number of shifts]
- **Department/Unit:** [Department Name]

All other terms and conditions outlined in your original agreement dated [Original Start Date] will remain in full effect, including compensation rates and travel reimbursement policies.

Please indicate your acceptance of this extension by signing below and returning a copy to the Medical Staff Office by [Deadline Date].

Thank you for your continued support and dedication to our patients during this time.

Sincerely,

[Your Name]

[Your Title]

[Facility Name]

Acceptance:

I, Dr. [Locum Tenens Name], accept the extension of my emergency coverage as outlined above.

Signature: _____ Date: _____