

[Date]

[Locum Tenens Name]

[Address]

[City, State, Zip Code]

Re: Extension of Locum Tenens Services Agreement

Dear [Locum Tenens Name],

This letter serves as a formal mutual agreement to renew the short-term locum tenens contract between [Healthcare Facility/Organization Name] and [Locum Tenens Name], originally dated [Original Start Date].

Both parties agree to extend the service period under the following terms:

- **Extension Period:** From [New Start Date] to [New End Date].
- **Schedule:** [Specify days and hours, e.g., Monday-Friday, 8:00 AM - 5:00 PM].
- **Compensation:** The daily/hourly rate shall remain [Amount] as per the original agreement, unless otherwise specified here: [Note any changes].

All other terms and conditions set forth in the original agreement shall remain in full force and effect during this renewal period.

Please indicate your acceptance of this extension by signing below and returning a copy by [Deadline Date].

Sincerely,

[Your Name]

[Your Title]

[Facility Name]

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**Acknowledge and Agreed:**

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[Locum Tenens Signature]

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[Date]