

[Date]

[Locum Tenens Provider Name]

[Provider Address]

[City, State, Zip Code]

Subject: Renewal and Modification of Short-Term Locum Tenens Schedule

Dear [Provider Name],

This letter serves as a formal agreement to renew your locum tenens services at [Facility Name]. We would like to extend your current engagement for the period beginning [Start Date] and ending [End Date].

In conjunction with this renewal, please note the following modifications to your previous schedule:

- **Revised Shift Hours:** [Detail changes, e.g., 8:00 AM to 4:00 PM]
- **Updated Days of Week:** [Detail changes, e.g., Monday through Wednesday]
- **On-Call Requirements:** [Detail any changes to on-call duties]

All other terms and conditions outlined in your original agreement dated [Original Contract Date] remain in full effect. Your compensation rate for this period will be [Rate] per [Hour/Day/Shift].

Please indicate your acceptance of this renewal and schedule modification by signing below and returning a copy of this letter by [Due Date].

Sincerely,

[Your Name]

[Your Title]

[Facility/Organization Name]

Provider Acceptance:

Signature: _____ Date: _____