

[Date]

[Locum Tenens Provider Name]

[Address]

[City, State, Zip Code]

Subject: Extension of Locum Tenens Assignment

Dear [Provider Name],

This letter serves as a formal amendment to your current locum tenens agreement dated [Original Start Date]. We are pleased to offer an extension of your assignment at [Facility Name].

The terms of the renewal are as follows:

- **Extension Period:** [Start Date] to [End Date]
- **Schedule:** [Shift Details/Hours per Week]
- **Rate of Compensation:** [Hourly/Daily Rate] (as previously agreed upon)
- **Location:** [Department/Facility Address]

All other terms and conditions outlined in your original contract shall remain in full force and effect during this extension period.

Please sign and return a copy of this letter by [Deadline Date] to confirm your acceptance of this renewal.

We look forward to your continued service.

Sincerely,

[Your Name]

[Your Title]

[Facility/Agency Name]

Provider Acceptance:

I accept the extension of my assignment as outlined above.

Signature: _____ Date: _____