

Date: [Insert Date]

To: [Locum Tenens Physician/Provider Name]

CC: [Staffing Agency Name, if applicable]

Subject: URGENT: Extension of Locum Tenens Assignment

Dear [Provider Name],

We are writing to formally request an urgent short-term extension of your current locum tenens assignment at [Facility Name], which is currently scheduled to conclude on [Original End Date].

Due to [Reason for Extension: e.g., unforeseen clinical vacancies / delayed return of permanent staff / high patient volume], we would like to extend your contract through [New End Date].

All other terms and conditions of your original agreement, including compensation and travel arrangements, will remain in effect during this period.

Please confirm your availability for this extension by [Time/Date] so that we may finalize the scheduling and credentialing updates. You may indicate your acceptance by signing below or replying to this email with your formal approval.

We appreciate your continued support and the high level of care you provide to our patients.

Sincerely,

[Your Name]

[Your Title]

[Facility/Organization Name]

Provider Acceptance:

I, [Provider Name], agree to the extension of my assignment until [New End Date].

Signature: _____ Date: _____