



CLIENT ASSIGNMENT CONFIRMATION

This Client Assignment Confirmation is entered into on the date first signed below and supplements the Client Services Agreement between Soliant Health, LLC and the Client named below. The Soliant Consultant has been placed with Client and Client will pay Soliant Health for hours worked by Consultant according to the terms outlined in this confirmation.

ASSIGNMENT DETAILS

CLIENT NAME: Campbellsville Independent Schools

Consultant: Emily Sherman Position: OT

Assignment Start Date: 10/1/2020 Assignment End Date: Tentative

Bill Rate per hour: \$ 68 Overtime Bill Rate per hour: \$ 102

Minimum Hours: 37.5

Miscellaneous:

Teaching Certification: Teaching certification IS NOT REQUIRED

DESIGNATED APPROVERS

District Personnel designated by Client to approve Timesheets. *If not applicable, respond with N/A.*

Name	Title	Phone	Email Address
Joni Davis	Director of Special Education	270-465-4162	joni.davis@cville.kyschools.us

Please note: Sales tax will be added to professional fees if required by state law and client is not a tax-exempt entity.

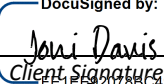
If Soliant Consultant should be required to travel to other locations at the specific request of the Client, the Client will be responsible for all expenses incurred.

Client agrees that it will not directly or indirectly, personally or through another agent or agency, contract with or employ Consultant for a period of one year after the latest date of introduction, referral, or completion of the assignment.

All hours are guaranteed if Consultant is quarantined at home due to contracting the COVID - 19 virus while on school site.

Option of virtual services will be offered by Soliant in leu of onsite services.

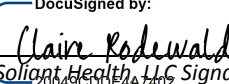
All precaution will be taken by the Client to create a safe and healthy environment.

DocuSigned by:

 Client Signature

10/1/2020

Joni Davis
 Client Printed Name

Director of Special Education
 Client Title

DocuSigned by:

 Soliant Health, LLC Signature

9/29/2020

Claire Rodewald
 Soliant Health, LLC Printed Name

Account Executive
 Soliant Health, LLC Title

***Terms and conditions outlined in this Client Assignment Confirmation will be considered agreed upon by all parties unless Soliant is notified of changes by Client within forty-eight (48) hours of client's receipt of this Client Assignment Confirmation.**