



ADDENDUM A
Client Assignment Confirmation

This Client Assignment Confirmation is entered into and executed as of the signature date below and supplements the Client Services Agreement between the Client and ProCare Therapy. Client will pay ProCare for hours worked by Consultant on the following terms:

Assignment Details

ProCare Consultant: Shannon Saucy-Finley
School District Name (Client): Napa Valley Unified School District
Start Date: October 14, 2019 (approximate) End Date: December 31, 2019 (approximate)
Position: COTA
Position Details: Full-Time
Bill Rate: \$68.50/hour
Minimum Hours: 7.5 a day/37.5 a week
Overtime Rate: 1.5 times Bill Rate Holiday Rate: 1.5 times Bill Rate
Billing Workweek: Monday -- Sunday
Additional Terms: a) Sales tax or gross receipts tax will be added to professional fees if required or allowed by state law and client is not a tax exempt entity. b) If ProCare 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. c) Client agrees that it will not directly or indirectly, personally or through an agent or agency, contract with or employ any Consultant introduced or referred by ProCare for a period of (12) months after the latest date of introduction, referral, placement, or termination or expiration of the contract assignment.

PROCARE THERAPY, INC.

Client Name
Client Representative Signature* Date
Print Name
Title
ProCare Therapy Representative Signature Date
Tony Miller
Senior Director of Educational Resources