

**Date: 6/3/2020****Re: Confirmation for Naincee Tolani**

This letter is to confirm that Naincee Tolani will be working at Milpitas Unified School District as an Occupational Therapist through Educational Based Services, Inc. Naincee's assignment will begin on 6/15/2020 and will run through 7/23/2020 with a guaranteed minimum of 22.5 hours per week. The length of her assignment is guaranteed. The bill rate is \$90 per hour. Scheduled school time off during this period will include [to be determined per school calendar]. If any holidays are worked during this period time worked will be billed at time and one half. Overtime will be billed at time and one half for hours worked in excess of forty (40) hours per week. If therapist is required to work at more than one school, one school shall be designated as the therapist's base school and mileage shall be paid directly by the school system to the therapist for travel to and from the other facilities at the schools current per mile rate; in addition, actual travel time will be billed at the rate of \$90 per hour. The therapist will present the school system with weekly online time sheets, which are to be electronically signed by an authorized individual of the school system;_____. These time sheets are used for billing purposes and payment is to be made for all hours signed off on by the authorized individual.

At no time during the term hereof, and for a period of two (2) years after termination, School System shall not, directly or indirectly, by itself or through any affiliated entity or any other contract companies, solicit or attempt to employ Naincee Tolani.

Educational Based Services (EBS)

Authorized Signature

Steve Benner

Title

Special Education Coordinator

Date

6/3/2020Milpitas Unified School District
Authorized Signature

DocuSigned by:

Carla Crenshaw

3B659076F1514BC...

Title

Director of Student Services

Date

6/12/2020



Please complete & make corrections where necessary:

SCHOOL SYSTEM: Milpitas Unified School District

SCHOOL SYSTEM INFORMATION SHEET

Invoicing information:

ADDRESS TO BILL: _____

Attention: _____
Phone Number: _____
Fax Number: _____

Signature Authorization for Contractor Time sheets:

School System: Milpitas Unified School District

Teacher: Naincee Tolani

The therapist will present the School System with weekly online time sheets, which are to be signed by an authorized individual at the School System;_____. These time sheets are used for billing purposes and payment is to be made for all hours signed off on by the authorized individual.

Signature: _____

Title: _____

Printed Name: _____

Dated: _____

Please have this confirm signed by an authorized individual and email back