

Staffing Confirmation Agreement

This agreement is entered into on by and between **Advanced Medical Personnel Services, LLC** (Advanced) and **San Mateo Foster City School District** (Client).

Facility agrees to the following:

		Cancellation Notice	0 days
		Bill Rate	\$95.00
		Shift Overtime Rate	
Traveler's Name	Heather Roberts, SLP	(Billed after 0 shift hours)	\$95.00
Assignment Dates	06/21/2021 to 07/09/2021	Shift Double Time	
Number of Weeks	3.00 weeks	Rate (Billed after 12 shift hours)	\$95.00
Approved Days	0 Days -	Weekly OT Rate	\$95.00
Work Cycle	20.00 Hours Per Week	Holiday Rate	\$95.00
Guaranteed Hours	No	Weekly Schedule	Weekly

All time over 40 hours per week will be billed at the Weekly Overtime Rate shown above.

Please complete the following information:

Facility Name _____

Facility Address _____

Facility Phone _____

ADVANCED OBSERVED HOLIDAYS

Holiday billing applies to any of the following holidays worked from 12:00am until 11:59pm: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and for Christmas worked from 7:00pm Christmas Eve through 11:59pm Christmas Day.

ASSIGNMENT CANCELLATION POLICY

If the Client cancels an assignments less than seven (7) days prior to the Assignment start, as identified in the Client Confirmation Letter, Client will pay Advanced a minimum of forty (40) regular hours plus a maximum of \$1,500 for housing costs Advanced has or will incur for the cancelled Assignment.

TRAVEL ASSIGNMENT TERMINATION

Once a Healthcare Professional commences an assignment, Client can only terminate the assignment for "cause". "Cause" shall be defined as: (i) a Professional is determined by Client to be incapable of performing the duties of the position. (ii) A Professional fails to meet the qualifications of his/her Assignment. (iii) Professional fails to follow and adhere to the policies and procedures of Client. If Client terminates an Assignment for cause, it shall notify Advanced in writing within one (1) day setting forth the reasons for the termination. In the event Client terminates other than for cause as described above, Client shall be responsible for payment to Advanced for the minimum guaranteed hours stated in the Client Confirmation Letter, times the Rate for the remainder of the assignment that is improperly terminated by the Client.

Hours Guarantee supersedes productivity standards. Should caseload drop, client must agree to provide additional facilities and/or caseloads to meet Hours Guarantee/Productivity Standard.

MEASURES TO PREVENT LOSS OF SERVICES

In the event that a state or local order closes one or more client facilities, the client has the following options to prevent an Advanced employee assigned to the client from being unavailable when the client reopens its facility:

- a. Continue to pay each Advanced employee assigned to the facility for all previously scheduled time, as set forth in this confirmation document, during the period of time that the facility where the Advanced employee is assigned is closed.
- b. Allow each Advanced employee assigned to the facility to provide services utilizing the Advanced telehealth platform Televate or client's preferred distance learning platform. The Advanced employee will continue to provide services as set forth in this confirmation document.

If client elects to terminate any assignments as the result of a closure, standard termination provisions apply. If Client terminates the assignment of any Advanced employee, Advanced cannot guarantee that the Advanced employee will be available when client reopens its facility.

TERMS

Advanced invoices Clients weekly; all invoices are payable Net 30, and will accrue finance charges after 30 days. If Client invoice payments are delinquent beyond 30 days, Advanced reserves the right to pull the Traveler without notice to Client. A finance charge of one and one half percent (1.5%) per month shall be added to balances outstanding for 30 days or more. Should unpaid invoices be forwarded to a collection agency, or law firm, for further collection activity, Client will be responsible for all associated fees and expenses.

Any invoice/payroll/timesheet discrepancy must be brought immediately to the attention of Advanced Medical Personnel Services, LLC via billing@gowithadvanced.com. All invoices/payrolls/timesheets will be deemed true and correct after 45 days of submission and no changes will be accepted or considered.

Please sign and fax back to 386-944-7202 or you can scan and send it to: accountmanagement@gowithadvanced.com. If you have any questions or concerns, please contact Cheryl Russell at 800-330-7711.

San Mateo Foster City School District

Advanced Medical Personnel Services, LLC

Signature

Print Name

Title

Date

Signature

Cheryl Russell

Print Name

Cheryl Russell

Title

Senior Account Manager

Date

6/04/2021

Staffing Confirmation Agreement

This agreement is entered into on by and between **Advanced Medical Personnel Services, LLC** (Advanced) and **San Mateo Foster City School District** (Client).

Facility agrees to the following:

		Cancellation Notice	30 days
		Bill Rate	\$95.00
Traveler's Name	Mahala Berry, SLP	Shift Overtime Rate (Billed after 8 shift hours)	\$95.00
Assignment Dates	06/16/2021 to 07/23/2021	Shift Double Time Rate (Billed after 12 shift hours)	\$95.00
Number of Weeks	6.00 weeks	Weekly OT Rate	\$142.50
Approved Days	1 Days -	Holiday Rate	\$142.50
Work Cycle	40.00 Hours Per Week	Weekly Schedule	Weekly
Guaranteed Hours	No		

All time over 40 hours per week will be billed at the Weekly Overtime Rate shown above.

Please complete the following information:

Facility Name _____

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ADVANCED OBSERVED HOLIDAYS

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Signature

Print Name

Title

Date

Signature

Cheryl Russell

Print Name

Cheryl Russell

Title

Senior Account Manager

Date

6/15/2021