



# ARDOR Health Solutions

The Healthcare Staffing Source

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## CANDIDATE CONFIRMATION

**Date:** 11/28/2018  
**Attention:** Amber Gallagher, Katie Johnson  
**Phone:** 805-769-1000, 805-769-1000  
**Email:** amgallagher@pasoschools.org, cijohnson@pasoschools.org

**Candidate:** Susan Youngdale

**Facility:** PASO ROBLES JOINT UNIFIED  
**City, State:** PASO ROBLES, CA

**Position:** Speech Language Pathologist

**Start Date:** 1/7/2019  
**End Date:** 3/13/2019

**Off Dates:** School Approved Calendar Days

**Hourly Rate:** \$77.00/hr  
**OT/Holiday Rate:** OT: \$77.00/hr, HOL: n/a

**Guaranteed 15 hours a week:**

**Initials** \_\_\_\_\_

**\*Candidate will be working 2 days only per week at the District, but is willing to work additional hours from home to complete documentation & paperwork, up to 24 hours per week\***

**\*\* Candidate requires Special Education Directors' approval prior to working in excess of 8 hours per day\*\***

**30 days written notice required to terminate this agreement.**

**\*\*Should candidate work more than eight (8) hours in a twenty-four (24) hour period, California overtime rate will be applied. Any hours worked in excess of eight (8) hours, up to and including the 12th hour in a twenty-four (24) hour period will be invoiced and paid at time and a half of the contracted rate. All hours worked in a twenty-four (24) hour period in excess of 12 hours, will be invoiced and paid at double the contracted rate. \*\***

**Timesheets must be approved by Monday 5:00 PM EST each week in order to ensure the employee is paid for hours worked the week prior.**

IN WITNESS HEREOF, the undersigned have duly executed the CONFIRMATION or have caused this CONFIRMATION to be duly executed on its/their behalf, as of the day and year set forth below. By executing the CONFIRMATION, the parties hereto accept all of the stipulations set forth herein and in the addenda, and agree to each and every provision therein.

\_\_\_\_\_  
**Legally Authorized Signature**

\_\_\_\_\_  
**Print Name and Date**

