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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 named below has been placed with Client and Client will pay Soliant Health for hours worked by Consultant according to the terms outlined below:

ASSIGNMENT DETAILS						
CLIENT NAME:	Mid-Ohio	Mid-Ohio ESC				
Consultant:	Jessica L	Jessica Lebold		School P	sychologist	
Assignment Start Date	e: 08/01/202	08/01/2020		t End Date:	06/11/2021	
Bill Rate per hour:	\$ 90.00	\$ 90.00 Overtime Bill Rate per hour		r: \$ 135.00		
Minimum Hours:	37.5	37.5				
Missellaneous	Contracto	Contractor will work schedule assigned by school district				
Miscellaneous:	Contracto	Solitable. IIII II III Golfaddio doolgriod by correct diodriot				
Teaching Certification	Toaching	Teaching certification IS REQUIRED				
reaching certification	. reacining	certification 13 NEQUINED				
DESIGNATED APPROVER	<u>S</u> District	Personnel designated by Client to a	pprove Timesheets	s. If not app	licable, respond with N/A.	
Name		Title	Phone		Email Address	
Jennifer Crum		Director of Student Services	419-774-5520 (2507)	crum.jennifer@moesc.net	
WORK SITE LOCATIONS	District	Schools to which Consultant will be	assigned: Client to	o complete.	If not applicable, respond with N/A.	
	District Schools to which Consultant will be assigned: Client to complete. If not applicable, respond with N/A. Plymouth-Shiloh Local Schools 400 Trux St, Plymouth, OH 44865					
	·					
	00 Trux St, Plymouth, OH 44865					
	on Local Schools					
Location: 1379	on: 1379 Grace Street Mansfield, OH 44905					
	•	essional fees if required by state law an			nct with or employ Consultant for a period of one	
_		troduction, referral, or completion of th	-	gency, contra	tet with or employ consultant for a period of one	
DocuSigned by:			DocuSigned by:	10 1		
Junifer (rum	7/16/2020	Cauren Br		7/16/2020		
7370B949957A446			Soliant Health, LI	D		
Jennifer Crum Client Printed Name			Lauren Bradford Soliant Health, LLC Printed Name			
Cheff Fillited Number			Johani Health, LL	.c riinteu iv	unic	
Director of Student Services Client Title			Lauren Bradford, Account Executive Soliant Health, I.I.C. 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. If no changes are needed, a signature response is not required.