

## **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 has been placed with Client and Client will pay Soliant Health for hours worked by Consultant according to the terms outlined in this confirmation.

ASSIGNMENT DETAILS				
CLIENT NAME:	Mid-Ohio	ESC		
Consultant:	Jocqeela Sherman		Position: SLP	
Assignment Start Date:	October 2	1, 2020	Assignment End Date: May 22, 2021	
Bill Rate per hour:	\$ 88 Overtime Bill Rate per hour: \$ N/A			
Minimum Hours:	20 hours			
Miscellaneous:				
Teaching Certification:		certification		
DESIGNATED APPROVERS	District	Personnel designated by Client to ap		•
Name		Title	Phone 410 774 0507	Email Address
Jennifer Crum		Director of Student Services	419-774-2507	crum.jennifer@moesc.net
If Soliant Cons for all expense Client agrees t for a period of All hours are g Option of virtu	ultant shoules incurred. That it will not one year aft uaranteed if its its will be taken	ot directly or indirectly, personally of ter the latest date of introduction, re Consultant is quarantined at home will be offered by Soliant in leu of one to by the Client to create a safe and h	or through another agent or efferral, or completion of the due to contracting the COVID	t of the Client, the Client will be responsible agency, contract with or employ Consultant assignment.
Client Signature			Soliant Health LLC Signatur	
Stephen Earnest			Adrian Kinsey	
Client Printed Name			Soliant Health, LLC Printed Name	
Executive Director			Senior Account Executive	
Client Title			Soliant Health, LLC Title	

<sup>\*</sup>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.