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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 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:	Maritza Sa	antiago	Position: OT	
Assignment Start Date:	N/A		Assignment End Date:	November 25, 2020
Bill Rate per hour:	\$ 80 Overtime Bill Rate per hour: \$ N/A			
Minimum Hours:	37.5			
Miscellaneous:	N/A			
Teaching Certification:	Teaching certification IS REQUIRED			
DESIGNATED APPROVERS	District I	Personnel designated by Client to ap	oprove Timesheets. <i>If not appl</i>	licable, respond with N/A.
Name		Title	Phone	Email Address
If Soliant Cons for all expense Client agrees t for a period of All hours are g Option of virtu	ultant should s incurred. hat it will no one year aft uaranteed if al services w		or through another agent or ageferral, or completion of the asdue to contracting the COVID site services.	of the Client, the Client will be responsible gency, contract with or employ Consultant ssignment.
Docusigned by: LLAWIFY (NUM Client Signed HARA 6 Jennifer Crum Client Printed Name Director of Student Serv Client Title	ices	11/10/2020	Docusigned by: Linan Fills Signature Soliant Health, LLC Printed No. Senior Account Executive Soliant Health, LLC 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.