

## Client Assignment Confirmation Form

Client Name: Washington County Board of Education (Washington County BOE)  
 Nursing Agency: \_\_\_\_\_  
 Assigned Agency Nurse: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Assignment Start Date: \_\_\_\_\_ Assignment End Date: \_\_\_\_\_  
 Assigned Daily Hours: \_\_\_\_\_ Hourly Rate: \$ \_\_\_\_\_

Client agrees to pay Nursing Agency for hours worked by Assigned Agency Nurse pursuant to the terms and conditions of **Bid #** \_\_\_\_\_, as well as the following additional terms:

- School closures due to holidays will not be paid - *see attached WCPS school calendar for scheduled holidays.*
- School closures due to inclement weather will not be paid. If make up days due to inclement weather are needed, these days will be required workdays and will be paid.
- Students do not attend school on Professional Development (PD) days, but all staff, including Assigned Agency Nurses, are required to report to work and will be paid - *see attached WCPS school calendar for scheduled PD days.*
- Student early dismissal days are full workdays for staff, included Assigned Agency Nurses - *see attached WCPS school calendar for scheduled early dismissal days.*
- Assigned Daily Hours may be adjusted during the term of the agreement based on Client's need. Any increase or decrease in Assigned Daily Hours must be approved by WCPS or the Assigned Agency Nurse's Meritus Supervisor. Any changes to Assigned Daily Hours will be communicated to the Nursing Agency and the Assigned Agency Nurse prior to the start of the given work day.

Mileage will be reimbursed to the Assigned Agency Nurse for approved travel between assignments during the workday. Mileage reimbursements will be based on the current IRS standard mileage rate at the time of travel.

All precautions will be taken by the Client to create a safe and healthy environment.

**IN WITNESS WHEREOF, the below parties have agreed upon these terms.**

<b>Client Name:</b> Washington County Board of Education (Washington County BOE)	
Washington County BOE Representative Printed Name	Title
Washington County BOE Representative Signature	Date
<b>Nursing Agency Name:</b>	
Nursing Agency Representative Printed Name	Title
Nursing Agency Representative Signature	Date