



**MAXIM HEALTHCARE STAFFING, INC.  
ASSIGNMENT CONFIRMATION LETTER**

**MAXIM HEALTHCARE STAFFING  
24120 VAN RY BLVD. SUITE 400  
MOUNTLAKE TERRACE, WA 98043  
OFFICE: 425-412-9019  
FAX: 844-845-1112**

05/23/2022

MAXIM agrees to send [REDACTED] (herein referred to as "EMPLOYEE" or "Personnel") to Snohomish Health District (herein referred to as FACILITY) in Everett, WA. The EMPLOYEE will be working 5x8H day shifts per week, for a period of 24 weeks, beginning on roughly 06/06/2022. The contract is scheduled to end on 11/19/2022.

FACILITY agrees to utilize EMPLOYEE for the period of time stated above, with the option to extend the contract indefinitely upon written agreement by MAXIM. MAXIM agrees to bill the FACILITY a rate of \$90.00 per hour, for a minimum of 30 hours per week, for any hours worked by EMPLOYEE at FACILITY. For any hours worked beyond 40 in a work week, MAXIM will bill the FACILITY \$135.00 per hour. MAXIM will bill the FACILITY 1.5x (\$135.00 per hour) when working on holidays, per the fully executed facility staffing agreement.

Requested time off approved by FACILITY: **None**

\_\_\_\_\_  
Maxim Healthcare Staffing Signature

\_\_\_\_\_  
Facility Signature

\_\_\_\_\_  
Printed Name & Title

\_\_\_\_\_  
Printed Name & Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date