



ADDENDUM A

Client Assignment Confirmation

This Client Assignment Confirmation is entered into and executed as of the signature date below and supplements the Client Services Agreement between the Client and ProCare Therapy. Client will pay ProCare for hours worked by Consultant on the following terms:

Assignment Details

ProCare Consultant: Carly George

School District Name (Client): Galion City Schools

Start Date: Approx. 8-1-2017

End Date: Approx. 6-1-2018

Start and End dates are subject to change based on the credentialing and licensure process as well as adjustment in the school district's calendar.

Position: Social Worker

Position Details: Monday-Friday

Bill Rate: 56.00

Minimum Hours: 35

Overtime Rate: 1.5 times Bill Rate

Holiday Rate: 1.5 times Bill Rate

Billing Workweek: Monday – Sunday

- Additional Terms:
- a) Sales tax or gross receipts tax will be added to professional fees if required or allowed by state law and client is not a tax exempt entity.
 - b) If ProCare Consultant should be required to travel to other locations at the specific request of the Client, the Client will be responsible for all expenses incurred.
 - c) Client agrees that it will not directly or indirectly, personally or through an agent or agency, contract with or employ any Consultant introduced or referred by ProCare for a period of (12) months after the latest date of introduction, referral, or end of contract placement. If Client or its affiliate enters into such a relationship or refers Consultant to a third party for employment, Client agrees to pay an amount equal to \$18,500 or thirty-five (35) percent (whichever is greater) of the Consultant's first year's annual salary, including any signing bonus, as agreed upon at the time of hiring. Payment is due and payable to ProCare upon start date.

Miscellaneous:

Galion City Schools

Client Name

DocuSigned by:

Galion City Schools

5/8/2017

Client Representative Signature*

Galion City Schools

Date

Print Name

Cindy Parrott-Student Services Coordinator

Title

PROCARE THERAPY, INC.

DocuSigned by:

Ashley Banks

5/8/2017

ProCare Therapy Representative Signature

Date

Ashley Banks

Print Name

Director of Educational Resources

Title

**Terms and conditions outlined in this Client Assignment Confirmation will be considered agreed upon by all parties unless ProCare is notified of changes by Client within forty eight (48) hours of client's receipt of this Client Assignment Confirmation.*