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 New Direction Solutions, LLC dba ProCare Therapy ("ProCare"). Client will pay ProCare for hours worked by Consultant on the following terms:

Assignment Details

ProCare Consultant:	Kathleen Harrison-Ellis			PID:*
School District Name (Client):	Community School For Creative	Education		
Start Date:	01/29/2024	End Date	: 05/24/2024	
	Start and End dates are subject to chang school district's calendar.	je based on the credentiali	ng and licensure proces	ss as well as adjustment in the
Position:	Paraprofessional			
Bill Rate:	\$55.00	Minimum Hours:	35	
Overtime Rate:	1.5 times Bill Rate			
Billing Workweek:	Monday – Friday			
Miscellaneous:	*			

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.

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.

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 \$22,500 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.

Option of virtual services will be offered by ProCare in lieu of onsite services.

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

The Consultant working this assignment is subject to the California Meal and Rest Break Period Laws. Client shall adhere to and enforce the statemandated meal and rest breaks as defined within California's Wage and Hour Laws.

Account Representative Information: Alyssa Martin

alyssa.martin@procaretherapy.com 904-309-9667

By: 346916 Community School For Creative Education Print Name: ______ Title: ______ Date: ____

*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.