

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" or "the Company"). Client will pay ProCare for hours worked by Consultant on the following terms:

Assignment Details

ProCare Consultant: Tosha Lazarus PID : *

School District Name (Client): South Tama School District

Start Date: 02/03/2025 End Date: 06/02/2025

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: Special Education Teacher

Bill Rate: \$73.00 Minimum Hours: 37.5

Overtime Rate: 1.5 times Bill Rate

Billing Workweek: Monday – Friday

Miscellaneous:

Start and End Dates Subject To Change Based on School Calendar

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.

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.

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 the Company 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 the Company upon start date.

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Account Representative Information: Tyler Rossiter
Tyler.Rossiter@procaretherapy.com
904-780-6485

By: 472847 - South Tama School District

By: New Direction Solutions, LLC dba ProCare Therapy

Print Name: _____

Print Name: _____

Title: _____

Title: _____

Date: _____

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.**