AGENDA REQUEST FORM

Agenda Item: To consider and/or approve a Facility Assignment Confirmation for services between Amergis Healthcare Services and the Cleveland County Health Department per the statewide contract SW1032.

Name of Person Submitting Request:	Melody Bays, Regional Director
Address:	Cleveland County Health Department 250 12th Ave. NE Norman, OK 73071
Phone:	(405) 579-2261
Date Requested:	**07/01/2026**

Description of Agenda Item including purpose for consideration by Board of County Commissioners (include type of Motion requested).

To consider and/or approve a Facility Assignment Confirmation for services between Amergis Healthcare Services and the Cleveland County Health Department per the statewide contract SW1032 for staffing Customer Service Representative (bilingual), Carmen Echevarria. The Cleveland County Health Department agrees to pay $43 per hour worked, $64.50 per overtime hour worked, and .725/mile or current GSA Rate for travel. This agreement is for July 6, 2026 to June 30, 2027.

Internal Use Only

_____ (Chairman) Date _____

_____ (Member)

_____ (Member)

Attest: _____

Deputy: _____

ADA: _____

amergis

Employee Assignment Confirmation

Facility Name:	Cleveland County Health Department
Confirmation Date:	7/1/2026
Candidate Name, Discipline	Carmen Echevarria , Customer Service Rep (bi-lingual)
Assignment Start Date:	7/06/26
Assignment End Date:	6/30/27
Assigned Schedule:	M-F Days
Guaranteed Weekly Hours:	40, depending on Holidays
Hourly Bill Rate:	$43
OT and Holidays:	$64.50
Mileage Reimbursement	$.72.50/mile or current GSA rate
Requested Time Off:	None

Authorized Signature: _____

Printed Name & Title: Daniel Thatcher

Date: 7-1-26