

## 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 12<sup>th</sup> Ave. NE  
Norman, OK 73071

**Phone:** (405) 579-2261

**Date Requested:** 06/18/2026

**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 Patient Care Assistant (bilingual), Alba Ramirez. 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 1, 2026 to June 30, 2027.

Date: \_\_\_\_\_

By: \_\_\_\_\_  
Chairman

By: \_\_\_\_\_  
Vice-Chairman

By: \_\_\_\_\_  
Member

Attest: \_\_\_\_\_

By: \_\_\_\_\_  
Deputy

ADA \_\_\_\_\_



## Employee Assignment Confirmation

|                               |                                                     |
|-------------------------------|-----------------------------------------------------|
| Facility Name:                | Cleveland County Health Department                  |
| Confirmation Date:            | 6/10/2026                                           |
| Candidate Name, Discipline    | Alba Ramirez, PCA                                   |
| Assignment Start Date:        | 7/1/26                                              |
| Assignment End Date:          | 06/30/27                                            |
| Assigned Schedule:            | M-F Days                                            |
| Guaranteed Weekly Hours:      | 40, depending on Holidays                           |
| Hourly Bill Rate:             | \$43                                                |
| OT and Holidays:              | \$64.50                                             |
| Mileage Billed Reimbursement: | \$.72.50 per mile ; Or the current GSA mileage rate |

Authorized Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

A handwritten signature in blue ink, appearing to read "Daniel Thatcher".

Daniel Thatcher, Business Manager

6-12-26