

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: 05/28/2026

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 APRN, Keely Mcgough. The Cleveland County Health Department agrees to pay \$140 per hour worked, \$210.00 per overtime hour worked, and .725/mile or current GSA Rate for travel. This agreement is for June 1, 2026 to June 30, 2026.

Internal Use Only

Received by: _____

Acknowledge: _____ (Chairman)

Date: _____

_____ (Member)

Applicant Notified: _____

_____ (Member)

Routine (Consent) Item: _____

Attest: _____

Deputy: _____

ADA: _____



Employee Assignment Confirmation

Facility Name:	Cleveland County Health Department
Confirmation Date:	5/20/2026
Candidate Name, Discipline	Keely Mcgough- APRN
Assignment Start Date:	6/01/26
Assignment End Date:	06/30/26
Assigned Schedule:	Days
Guaranteed Weekly Hours:	24, depending on Holidays
Hourly Bill Rate:	\$140
OT and Holidays:	\$210
Mileage Billed Reimbursement:	\$.72.5 per mile ; Or the current GSA mileage rate

Authorized Signature: _____

A handwritten signature in blue ink, appearing to read "Daniel Thatcher", written over a horizontal line.

Printed Name & Title: _____

Daniel Thatcher, Business Manager

Date: _____

5-30-26