[Current Date]

[Employee Name]
[Employee ID]
[Current Department]

Subject: Notification of Temporary Transfer Cost of Living Allowance (COLA)

Dear [Employee Name],

This letter serves to formally confirm the details of the Cost of Living Allowance (COLA) associated with your temporary transfer to [Location Name].

In recognition of the higher cost of living in your temporary assignment location, you will be granted a temporary allowance as follows:

- **Effective Start Date:** [Date]
- **Scheduled End Date:** [Date]
- **Monthly Allowance Amount:** [Amount/Currency]
- **Payment Frequency:** [e.g., Monthly/Bi-weekly]

Please note that this allowance is strictly temporary and is tied directly to your assignment in [Location Name]. This allowance is subject to applicable tax withholdings and will automatically cease upon your return to your home location or if the temporary assignment ends earlier than scheduled.

This allowance does not constitute a change to your base salary. All other terms and conditions of your employment contract remain unchanged.

If you have any questions regarding this adjustment, please contact the Human Resources department.

Sincerely,

[Sender Name]
[Sender Title]
[Company Name]

Acknowledgment:

I accept the terms of this temporary allowance.

_____
[Employee Signature]

_____

[Date]