

Date: [Date]

To: [Employee Name]

Employee ID: [Employee ID Number]

Department: [Department Name]

Subject: Approval of Night Shift Differential Pay Adjustment

Dear [Employee Name],

This letter is to formally notify you that your request for a Night Shift Differential pay adjustment has been approved. This adjustment is based on your transition to a work schedule that falls within the designated night shift hours as defined by company policy.

The details of your pay adjustment are as follows:

- **Effective Date:** [Start Date]
- **Shift Hours:** [Start Time] to [End Time]
- **Differential Rate:** [Percentage or Dollar Amount] per hour
- **New Total Hourly Rate:** [Base Rate + Differential]

This differential pay will be applied to all eligible hours worked during the night shift. Please note that if your shift schedule changes or if you transition back to a day shift, this differential may be adjusted or removed accordingly.

The updated rate will be reflected in your paycheck starting on [Pay Period Date].

Thank you for your hard work and continued dedication to the team.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

Cc: Payroll Department, Human Resources File