

[Company Name]
[Street Address]
[City, State, Zip Code]

[Date]

[Employee Name]
[Employee ID]
[Department]

Subject: Notice of Hazard Pay Discontinuation

Dear [Employee Name],

This letter serves as formal notification regarding a change to your compensation. Effective [Date], the temporary hazard pay premium of [Amount/Percentage] will be removed from your pay schedule.

This additional compensation was implemented on [Start Date] due to [Reason for Hazard Pay, e.g., the COVID-19 pandemic / specific site conditions]. Based on our recent assessment of current workplace conditions and safety guidelines, the company has determined that the circumstances requiring this premium no longer exist.

Starting on your next pay period dated [Pay Date], your compensation will return to your standard base rate of [Standard Rate]. All other benefits and terms of your employment remain unchanged.

We appreciate your hard work and continued dedication to [Company Name] during this period. If you have any questions regarding this adjustment, please contact the Human Resources department.

Sincerely,

[Sender Signature]

[Sender Name]
[Title]