

Date: [Date]

To: [Employee Name]

Employee ID: [Employee ID Number]

Subject: Notice of Discontinuation of Emergency Hazard Pay

Dear [Employee Name],

This letter serves as formal notification that the Emergency Hazard Pay currently added to your compensation will be discontinued. This change will be effective as of [End Date].

The Emergency Hazard Pay was implemented on [Start Date] as a temporary measure due to [Reason, e.g., the COVID-19 pandemic / specific site conditions]. As the circumstances surrounding this emergency have stabilized, the company has determined that the temporary premium is no longer required.

Please note that your base hourly rate/salary and all other standard benefits remain unchanged. You will see the adjustment reflected in your paycheck issued on [Pay Date].

We thank you for your continued dedication and hard work during this challenging period. If you have any questions regarding this adjustment, please contact the Human Resources department.

Sincerely,

[Name of Sender]

[Title]

[Company Name]