

[Date]

[Employee Name]

[Employee ID]

[Department]

Subject: Notification of Removal of Conditional Hazard Pay

Dear [Employee Name],

This letter is to formally notify you that the conditional hazard pay currently added to your compensation will be discontinued. This change will be effective as of [Effective Date].

The hazard pay was originally implemented on [Start Date] due to [Reason for Hazard Pay, e.g., the COVID-19 pandemic / specific site conditions]. We have determined that the specific conditions justifying this additional pay have subsided because [Reason for Removal, e.g., government mandates have lifted / safety milestones have been met].

Starting with the pay period beginning [Date], your compensation will return to your standard base rate of [Base Salary/Hourly Rate]. All other benefits and terms of your employment remain unchanged.

We appreciate your dedication and hard work during the period these conditions were in effect. If you have any questions regarding this adjustment, please contact the Human Resources department at [Phone Number/Email].

Sincerely,

[Signature]

[Name of Sender]

[Title]

[Company Name]