

[Current Date]

[Employee Name]

[Employee ID]

[Department]

Subject: Notification of Retroactive Hazard Pay Adjustment

Dear [Employee Name],

This letter is to formally notify you that [Company Name] has approved a retroactive hazard pay adjustment for your services during the period of [Start Date] to [End Date].

Due to the nature of your work environment and the conditions present during this timeframe, you have been designated as eligible for a hazard pay premium of [Amount/Percentage] per hour. This adjustment covers a total of [Number] hours worked during the specified period.

The total gross amount of your retroactive payment is \$[Total Amount]. This payment is subject to standard payroll taxes and withholdings.

You can expect to see this additional compensation included in your paycheck scheduled for [Pay Date]. This is a one-time retroactive adjustment and does not necessarily change your base hourly rate for future pay periods unless otherwise specified.

We appreciate your dedication and your continued contributions to [Company Name] during challenging circumstances. If you have any questions regarding this calculation, please contact the Payroll Department at [Phone Number/Email].

Sincerely,

[Sender Name]

[Title]

[Company Name]