

Date: [Insert Date]

To: [Employee Name]

Employee ID: [Insert ID Number]

Subject: Notice of Retroactive Hazard Pay Removal

Dear [Employee Name],

This letter is to formally notify you that the temporary hazard pay premium previously added to your compensation will be retroactively removed effective from [Insert Start Date of Removal Period].

The decision to discontinue this premium is based on [Insert Reason, e.g., the expiration of the state of emergency / transition to standard operating procedures / conclusion of the specific project].

Impact on Compensation:

- **Original Hazard Pay Rate:** [Insert Amount] per [Hour/Pay Period]
- **Effective End Date:** [Insert Retroactive Date]
- **Payroll Adjustment:** Your upcoming paycheck dated [Insert Date] will reflect your standard base rate of [Insert Base Rate].

Please note that any overpayments made between [Insert Retroactive Date] and the current date will be [Insert Action, e.g., deducted from your next paycheck / addressed via a repayment plan].

If you have any questions regarding how this change affects your specific payroll taxes or deductions, please contact the Human Resources Department at [Insert Phone Number/Email].

Sincerely,

[Your Name]

[Your Title]

[Company Name]