

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

[Date]

[Employee Name]  
[Employee ID]  
[Department]

**Subject: Notice of Role-Specific Hazard Pay Removal**

Dear [Employee Name],

This letter is to formally notify you of a change regarding your compensation. Effective [Effective Date], the hazard pay premium currently associated with your role as [Job Title] will be discontinued.

This decision follows a recent review of workplace conditions and safety protocols. It has been determined that the specific hazards or extraordinary circumstances that necessitated the additional pay are no longer present or have been sufficiently mitigated.

Starting on your [Date] pay 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 continued dedication and the hard work you perform for [Company Name]. If you have any questions regarding this adjustment, please contact the Human Resources department at [Phone Number/Email].

Sincerely,

[Signature]

[Name of Manager/HR Representative]  
[Title]