

[Date]

[Employee Name]

[Employee ID]

[Department]

Subject: Agreement for Temporary Voluntary Reduction in Working Hours and Salary

Dear [Employee Name],

This letter confirms the agreement between [Company Name] and you regarding your voluntary request to temporarily reduce your working hours and the corresponding adjustment to your salary.

The terms of this temporary adjustment are as follows:

- **Effective Date:** [Start Date]
- **End Date:** [End Date / Until further notice]
- **New Working Hours:** Your weekly hours will be reduced from [Original Hours] hours to [New Hours] hours per week.
- **Salary Adjustment:** Your gross [Monthly/Annual] salary will be adjusted from [Original Salary Amount] to [New Salary Amount] to reflect the reduction in hours.
- **Work Schedule:** Your new temporary schedule will be [Description of days/times].

All other terms and conditions of your employment contract remain unchanged. Benefits accrued based on salary or hours worked (such as pension contributions or vacation accrual) may be affected proportionally during this period.

At the end of this temporary period, your working hours and salary will revert to the original levels specified in your employment contract, unless a further agreement is reached in writing.

Please sign below to indicate your formal acceptance of these temporary changes.

Sincerely,

[Manager Name]

[Title]

[Company Name]

Employee Acceptance:

I voluntarily agree to the temporary reduction in my working hours and the associated salary adjustment as outlined above.

Signature: _____

Date: _____