

[Date]

[Employee Name]

[Employee ID]

[Department]

Subject: Confirmation of Permanent Reduction in Working Hours and Salary Adjustment

Dear [Employee Name],

This letter serves as formal confirmation of the agreed changes to your employment terms following your request for a permanent reduction in your working hours.

Effective from [Effective Date], your request to move from [Current Hours] hours per week to [New Hours] hours per week has been approved. This change is permanent.

As a result of this reduction in hours, your salary and benefits will be adjusted pro-rata as follows:

- **New Working Schedule:** [Days/Hours per week]
- **New Annual Gross Salary:** [New Salary Amount]
- **Pro-rata Holiday Entitlement:** [New Annual Leave Balance]

All other terms and conditions of your employment contract remain unchanged. Please note that this adjustment may also affect your pension contributions and any other salary-linked benefits.

Please sign and return a copy of this letter to acknowledge your agreement to these changes.

Yours sincerely,

[Signature]

[Name of Manager/HR Representative]

[Job Title]

[Company Name]

Employee Acknowledgment:

I accept the permanent change to my working hours and the corresponding salary adjustment as outlined above.

Signed: _____ Date: _____