

MUTUAL CONSENT LETTER: VOLUNTARY WORKING HOURS REDUCTION AND SALARY ADJUSTMENT

Date: [Insert Date]

To: [Employee Name]
Employee ID: [Insert ID]
Position: [Insert Job Title]

From: [Company Name]

This letter serves as a formal agreement between **[Company Name]** (the "Employer") and **[Employee Name]** (the "Employee") regarding a voluntary adjustment to the Employee's working hours and corresponding compensation.

1. Reduced Working Hours:

The Employee voluntarily agrees to reduce their current working hours from [Old Hours, e.g., 40] hours per week to [New Hours, e.g., 30] hours per week. The new working schedule will be: [Insert Schedule, e.g., Monday to Thursday, 9:00 AM to 5:30 PM].

2. Salary Adjustment:

In accordance with the reduction in hours, the Employee's gross salary will be adjusted from [Old Salary Amount] to [New Salary Amount] per [Month/Year]. This adjustment is calculated on a pro-rata basis.

3. Benefits and Accruals:

The Employee acknowledges that certain benefits, including but not limited to [list benefits, e.g., vacation accrual, pension contributions], may be adjusted proportionally to the new working hours in accordance with company policy and local labor laws.

4. Effective Date:

These changes shall become effective on **[Insert Start Date]** and shall remain in effect until [Insert End Date or state "until further notice"].

5. Agreement:

By signing below, both parties confirm that this arrangement is entered into voluntarily and by mutual consent. All other terms and conditions of the original employment contract not mentioned here remain unchanged.

Employer Signature: _____
Name/Title: [Insert Name and Title]
Date: [Insert Date]

Employee Signature: _____

Name: [Insert Employee Name]

Date: [Insert Date]