

**Date:** [Insert Date]

**To:** [Employee Name]

**Employee ID:** [Insert ID]

**Subject: Notification of Phased Working Hours Reduction and Salary Adjustment**

Dear [Employee Name],

This letter formally confirms the agreed-upon phased transition to reduced working hours and the corresponding adjustment to your compensation.

**Phase 1 Details:**

- **Effective Date:** [Insert Date]
- **New Weekly Hours:** [Insert Hours] hours per week.
- **New Gross Salary:** \$[Insert Amount] per [Month/Year].

**Phase 2 Details (If applicable):**

- **Effective Date:** [Insert Date]
- **New Weekly Hours:** [Insert Hours] hours per week.
- **New Gross Salary:** \$[Insert Amount] per [Month/Year].

**Final Phase Details:**

- **Effective Date:** [Insert Date]
- **Permanent Weekly Hours:** [Insert Hours] hours per week.
- **Permanent Gross Salary:** \$[Insert Amount] per [Month/Year].

All other terms and conditions of your employment contract remain unchanged. Please note that benefits accrued based on hours worked (such as vacation or sick leave) will be adjusted proportionally to your new schedule.

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

Sincerely,

[Manager Name]

[Title]

[Company Name]

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**Employee Acknowledgment:**

I accept the phased transition of hours and the salary adjustments as outlined above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_