

Date: [Insert Date]

To: [Employee Name]
Employee ID: [Insert ID]

Subject: Approval of Voluntary Working Hours Reduction and Salary Adjustment

Dear [Employee Name],

We are writing to formally approve your request for a voluntary reduction in your working hours, effective from [Start Date].

Based on our agreement, your new working schedule will be [Number of Hours] hours per week. As a result of this change in hours, your salary will be adjusted accordingly.

The details of your adjusted compensation are as follows:

- Current Gross Salary: [Amount] per [Month/Year]
- New Adjusted Gross Salary: [Amount] per [Month/Year]
- Effective Date of Adjustment: [Date]

Please note that other benefits calculated based on working hours or total salary, such as [List Benefits, e.g., vacation accrual, pension contributions], will be adjusted proportionally to reflect your new part-time status.

All other terms and conditions of your employment contract remain unchanged. We appreciate your continued contributions to the team and are pleased to support this flexible working arrangement.

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

Sincerely,

[Manager Name]
[Job Title]
[Company Name]

Acknowledgment:

I, [Employee Name], accept the reduction in working hours and the corresponding salary adjustment as outlined above.

Signature: _____ Date: _____