

Date: [Insert Date]

To: [Employee Name]

Employee ID: [Insert ID Number]

Department: [Insert Department Name]

Subject: Authorization for Night Shift Differential Bonus

Dear [Employee Name],

This letter serves as formal authorization for the payment of a Night Shift Differential Bonus to be added to your regular compensation.

Based on your assigned work schedule, you are eligible to receive this differential for hours worked during the designated night shift period. The details of the authorization are as follows:

- **Effective Date:** [Insert Start Date]
- **Shift Hours:** [Insert Start Time] to [Insert End Time]
- **Differential Rate:** [Insert Percentage or Dollar Amount] per hour
- **Frequency:** Paid [Insert Frequency, e.g., bi-weekly/monthly]

This bonus is applicable only to actual hours worked during the aforementioned shift. It does not apply to paid time off, such as vacation, sick leave, or holidays, unless otherwise specified by company policy.

Please contact the Payroll Department or Human Resources if you have any questions regarding this adjustment to your pay.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

Acknowledgment:

I acknowledge receipt of this authorization and understand the terms of the night shift differential payment.

Signature: _____ Date: _____