

[Company Name]  
[Department]  
[Date]

[Employee Name]  
[Employee ID]  
[Employee Address]

**Subject: Confirmation of Overtime and Shift Differential Payment**

Dear [Employee Name],

This letter is to formally confirm the calculation and approval of your additional compensation for the pay period ending [Date].

Based on our payroll records and your submitted time logs, you are entitled to the following payments:

- **Overtime Pay:** [Number of Hours] hours at a rate of [Rate, e.g., 1.5x].
- **Shift Differential:** [Number of Hours] hours worked during [Specific Shift, e.g., Night/Weekend] at a premium rate of [Amount/Percentage].
- **Total Gross Bonus Amount:** \$[Total Amount]

This amount will be included in your upcoming paycheck scheduled for [Pay Date]. Please note that this payment is subject to standard tax withholdings and deductions.

We would like to thank you for your extra time and dedication to the team during this period. If you have any questions regarding these calculations, please contact the Payroll Department at [Phone Number/Email].

Sincerely,

[Sender Name]  
[Sender Title]  
[Company Name]