

[Date]

[Employee Name]

[Employee ID]

[Department]

**Subject: Approval of Request for Flexible Working Hours**

Dear [Employee Name],

We are pleased to inform you that your request for flexible working hours, submitted on [Date of Request], has been formally approved by the Human Resources Department and your supervisor.

Starting from [Effective Date], your new working schedule will be as follows:

- **Work Days:** [List Days, e.g., Monday to Friday]
- **Core Hours:** [List Core Hours, e.g., 10:00 AM to 3:00 PM]
- **Flexible Start/End Window:** [e.g., Start between 7:00 AM - 10:00 AM]
- **Total Weekly Hours:** [Number of Hours]

This arrangement is subject to a trial period of [Number] months, ending on [Trial End Date]. During this time, your supervisor will monitor performance and team coordination to ensure operational requirements continue to be met.

Please note that all other terms and conditions of your employment contract remain unchanged. If business needs shift significantly, the company reserves the right to review or adjust this schedule with prior notice.

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

Best regards,

[Your Name]

[Your Title]

[Company Name]

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**Acknowledgment:**

I accept the terms of the flexible working arrangement as outlined above.

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