

Date: [Insert Date]

To: [Employee Name]

From: [Employer/HR Representative Name]

Subject: Reduced Schedule Accommodation Agreement

Dear [Employee Name],

This letter confirms that [Company Name] has approved your request for a reduced work schedule as a reasonable accommodation. This agreement is intended to support your needs while ensuring the continued fulfillment of your job responsibilities.

1. Effective Dates

The reduced schedule will begin on [Start Date] and is currently scheduled to end on [End Date/Review Date].

2. Revised Work Schedule

Your new working hours will be as follows:

[Insert Days and Hours, e.g., Monday-Wednesday, 9:00 AM to 3:00 PM]

3. Compensation and Benefits

Please be advised that this reduction in hours will result in the following changes:

- **Salary/Wages:** Your compensation will be prorated based on [Number] hours worked per week.

- **Benefits:** [Insert details regarding impact on health insurance, PTO accrual, or 401k eligibility].

4. Job Duties and Expectations

While your hours are reduced, you remain responsible for the core functions of your position.

We have agreed to the following adjustments regarding your workload:

[Insert specific task adjustments or priority lists]

5. Review Period

We will meet on [Insert Date] to review the effectiveness of this accommodation and determine if further adjustments are necessary.

Please sign below to indicate your receipt and understanding of this agreement.

Employee Signature

Date

Manager/HR Signature