

[Date]

[Employee Name]

[Employee ID]

[Job Title]

Dear [Employee Name],

This letter confirms the agreement between [Company Name] and you regarding your request for a voluntary reduction of your working hours.

1. Effective Date: The change in your working hours will begin on [Start Date].

2. New Schedule: Your total weekly hours will be reduced from [Old Hours] to [New Hours]. Your new working schedule will be: [Insert Days and Times].

3. Compensation: Your salary/wages will be adjusted pro-rata to reflect the reduction in hours. Your new gross pay will be [New Salary/Hourly Rate] per [Pay Period].

4. Benefits: Please note that this reduction in hours may affect your eligibility for certain company benefits, including [List specific benefits like health insurance, 401k, or PTO accrual]. Please contact the HR Department for specific details regarding these changes.

5. Duration: This arrangement is [Permanent / Temporary]. If temporary, this agreement is scheduled to end on [End Date], at which point your hours will return to the previous schedule unless a new agreement is signed.

6. Duties: Your core job responsibilities remain the same, though expectations for output may be adjusted to align with your new schedule as discussed with your manager.

By signing below, both parties agree to the terms outlined above.

Employer Signature: _____

Date: [Date]

Employee Signature: _____

Date: [Date]