

[Company Name]  
[Company Address]  
[City, State, Zip Code]  
[Date]

[Employee Name]  
[Employee Address]  
[City, State, Zip Code]

**Subject: Notification of Work Sharing Program and Reduction of Hours**

Dear [Employee Name],

Due to [reason for reduction, e.g., current economic conditions/operational changes], [Company Name] will be implementing a Work Sharing Program. This program is designed to avoid permanent layoffs by reducing the working hours of our current staff.

Effective [Start Date], your weekly work schedule will be reduced from [Current Hours] hours per week to [New Hours] hours per week. This represents a [Percentage]% reduction in your normal working hours.

The details of your new schedule are as follows:  
[List specific days and times or specific shift changes]

Under this program, you may be eligible to collect partial unemployment insurance benefits to help offset the loss of wages. We will provide you with the necessary documentation and employer information required by the [State/Provincial] employment agency to file your claim.

Please note that your [list benefits, e.g., health insurance, dental insurance] will [remain unchanged / be adjusted based on new hours]. Your vacation and sick leave accrual will be [prorated / remain the same].

We anticipate this program to last until [End Date/Further Notice]. We will continue to monitor the situation and provide updates as they become available.

Please sign and return a copy of this letter to acknowledge that you have received this notification and understand the changes to your work schedule.

Sincerely,

[Signature]

[Name of Manager/HR Representative]  
[Title]

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**Employee Acknowledgment:**

I acknowledge that I have received this notice and understand the reduction in my work hours.

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