

DATE: [Insert Date]

TO: [Employee Name]

ADDRESS: [Employee Address]

RE: Notice of Significant Reduction in Hours

Dear [Employee Name],

This letter serves as official notice under the Worker Adjustment and Retraining Notification (WARN) Act that [Company Name] will be implementing a significant reduction in work hours at our facility located at [Workplace Address].

We anticipate that your weekly work hours will be reduced by [Percentage, e.g., 50%] or more. This change is expected to be [Permanent / Temporary].

The reduction in hours is scheduled to begin on [Insert Date] or during the 14-day period commencing on that date. This action is being taken due to [Brief Reason, e.g., economic downturn, business reorganization, or loss of contract].

At this time, bumping rights [Do / Do Not] exist for affected employees. [If applicable: You are represented by (Union Name) and your local representative is (Name)].

We understand that this is a difficult transition. For information regarding your benefits, unemployment insurance eligibility, or other assistance programs, please contact the Human Resources Department at [Phone Number] or [Email Address].

Sincerely,

[Name of Company Official]

[Title]

[Company Name]

CC:

[State Dislocated Worker Unit / Rapid Response Team]

[Chief Elected Official of Local Government]