

**Date:** [Insert Date]

**To:** [Employee Name]

**Employee ID:** [Insert ID]

**Current Position:** [Insert Job Title]

**Subject: Notice of Shift Elimination due to Departmental Restructuring**

Dear [Employee Name],

Please be advised that [Company Name] is currently undergoing a formal restructuring of the [Insert Department Name] department to improve operational efficiency. As a result of this reorganization, your current shift, [Insert Shift Name/Hours], is being eliminated effective [Insert Effective Date].

Because your current shift will no longer exist, we would like to offer you the following options regarding your continued employment:

- **Option 1: Reassignment.** You may transition to the [Insert New Shift Name] shift, effective [Date]. Your compensation and benefits will remain unchanged.
- **Option 2: Internal Transfer.** You may apply for other open positions within the company for which you are qualified.
- **Option 3: Voluntary Resignation.** If the available shift options do not meet your requirements, you may elect to resign from your position.

Please meet with [Insert Manager Name] or a representative from Human Resources by [Insert Deadline Date] to discuss these options and confirm your decision. If we do not hear from you by this date, we will proceed with [Insert Default Action, e.g., the reassignment process].

We understand that change can be difficult, and we appreciate your flexibility and continued contributions to the team during this transition period.

Sincerely,

[Your Name]

[Your Title]

[Company Name]