

[Date]

[Employee Name]

[Employee ID]

[Department]

Subject: Notice of Shift Elimination

Dear [Employee Name],

Please be advised that due to [reason for change, e.g., operational restructuring / decrease in production needs / seasonal adjustments], your current shift scheduled for [Shift Name/Time] will be eliminated effective [Effective Date].

As a result of this change, the following action will be taken regarding your employment:

[Select one option below and delete the others]

- **Reassignment:** You are being reassigned to the [New Shift Name] shift, effective [Date]. Your new working hours will be [Start Time] to [End Time].
- **Hours Reduction:** Your total weekly hours will be adjusted to [Number] hours per week.
- **Layoff:** Because there are no alternative shifts available at this time, your position is being eliminated and your employment will end on [End Date].

Your hourly rate of pay will [remain the same / be adjusted to [Amount]]. If you are eligible for a shift differential, please note that [details on differential changes].

If you have any questions regarding your benefits, final pay, or unemployment eligibility, please contact the Human Resources Department at [Phone Number/Email].

We thank you for your contributions to [Company Name].

Sincerely,

[Name]

[Title]

[Company Name]