

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

[Date]

[Employee Name]
[Employee ID]
[Department]

Subject: Notification of Shift Reassignment or Layoff

Dear [Employee Name],

Due to changes in our operational requirements, your current position as [Job Title] on the [Current Shift Name] shift is being eliminated effective [Effective Date].

As an alternative to a layoff, we are offering you a reassignment to the following position and shift:

- **New Shift:** [New Shift Name/Hours]
- **New Work Schedule:** [Days of the Week]
- **Location:** [Work Location]
- **Effective Date:** [Start Date of New Shift]

Please note that your compensation and benefits will [remain the same / be adjusted as follows: Details].

Action Required:

Please indicate your choice by checking one of the options below and returning this letter to [Manager/HR Name] no later than [Deadline Date].

Option 1: Acceptance. I accept the reassignment to the new shift as outlined above.

Option 2: Declination. I decline the reassignment. I understand that by declining this offer, my employment with [Company Name] will be terminated via layoff effective [Date].

If you choose Option 2, you will receive a separate notice regarding your final pay, benefits continuation, and [any severance details if applicable].

If we do not receive your response by the deadline, we will assume you have declined the offer and will proceed with the layoff process.

Sincerely,

[Signature]

[Name of Manager/HR Representative]

[Title]

Employee Acknowledgment:

Signature: _____ Date: _____