

[Current Date]

[Employee Name]

[Employee ID]

[Department]

Subject: Authorization of Modified Work Schedule

Dear [Employee Name],

This letter serves as formal authorization for your request to transition to a modified work schedule. This arrangement has been approved by [Department Head Name/Management] and will be effective as of [Start Date].

Your approved schedule is as follows:

- **Monday:** [Start Time] to [End Time]
- **Tuesday:** [Start Time] to [End Time]
- **Wednesday:** [Start Time] to [End Time]
- **Thursday:** [Start Time] to [End Time]
- **Friday:** [Start Time] to [End Time]

Please note the following conditions of this authorization:

- Total weekly hours remain at [Number] hours.
- Lunch breaks must be taken according to company policy.
- Core hours of [e.g., 10:00 AM to 2:00 PM] must be maintained for team collaboration.
- This arrangement is subject to periodic review and may be adjusted based on business needs or performance requirements.

If you have any questions regarding these changes, please contact your supervisor.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Job Title]

Acknowledgment:

I accept the terms of this modified work schedule.

[Employee Signature] / [Date]