

**Date:** [Insert Date]

**To:** [Recipient Name/Department]

**Subject:** Notice of Business Operations Shift and Coverage Cancellation

Dear [Recipient Name],

This letter serves as formal notification regarding upcoming changes to our business operations and the cancellation of specific shifts and coverage requirements.

Due to [Reason for change, e.g., operational restructuring, project completion, or seasonal adjustments], the following shifts have been cancelled effective [Start Date]:

- **Shift Name/ID:** [Insert Details]
- **Scheduled Time:** [Insert Time]
- **Location/Department:** [Insert Location]

As a result of these changes, the coverage previously required for [Specific Service or Area] will no longer be necessary. Staff members affected by this cancellation should [Instructions, e.g., refer to the updated master schedule / contact their supervisor for reassignment].

We understand that this shift in operations may require adjustments. Please note the following key dates regarding this transition:

- Last day of current coverage: [Date]
- Implementation of new schedule: [Date]

If you have any questions regarding your specific schedule or the operational impact of these changes, please contact [Contact Person/Department] at [Phone Number/Email] by [Date].

Thank you for your flexibility and continued commitment to our operations.

Sincerely,

[Your Name]

[Your Title]

[Company Name]