

**Date:** [Insert Date]

**To:** [Employee Name/Payroll Department]

**From:** [Your Name/Company Name]

**Subject:** REVISED: Payroll Adjustment Due to Officer Exclusion

Dear [Name],

This letter serves as formal notification regarding a revised adjustment to your payroll records. Following a review of our current workers' compensation policy and organizational structure, it has been confirmed that you are officially classified as an "Excluded Officer."

Under this status, you have elected to be excluded from [Workers' Compensation Coverage/Specific Benefit Program] as permitted by state regulations and company bylaws. As a result, the following adjustments have been made:

- **Effective Date of Change:** [Insert Date]
- **Deduction Adjustment:** [Specify if premium deductions will stop or be refunded]
- **Net Pay Impact:** [Briefly describe increase or decrease in take-home pay]

This revised calculation replaces any previous payroll notices sent regarding this period. Any overpayments or underpayments resulting from this reclassification will be rectified in the pay cycle dated [Insert Pay Date].

Please review your upcoming pay stub to ensure these changes are accurately reflected. If you have questions regarding your exclusion status or the calculation of this adjustment, please contact the HR or Payroll department.

Sincerely,

[Your Name]

[Your Title]

[Company Name]