

[Law Firm Name]
[Street Address]
[City, State, Zip Code]
[Date]

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

RE: Notice of Classification Adjustment and Resolution of Employment Status

Dear [Worker Name],

This letter serves as formal notification regarding a review of your professional engagement with [Law Firm Name]. Following an internal audit of our staffing classifications and in accordance with applicable labor laws, we have determined that your previous status as an Independent Contractor will be reclassified to that of an Employee, effective [Date].

To resolve any discrepancies regarding your prior classification, [Law Firm Name] proposes the following resolution terms:

- **Back Pay and Tax Withholding:** The firm will calculate and remit the employer's share of FICA, social security, and unemployment taxes for the period of [Start Date] to [End Date].
- **Settlement Amount:** As consideration for any unpaid overtime or benefits during the prior period, the firm offers a one-time gross payment of \$[Amount].
- **Benefit Eligibility:** Effective immediately, you will be eligible for firm-sponsored benefits, including [List benefits, e.g., health insurance, 401k, paid time off].

By signing this letter, you agree that these adjustments constitute a full and final resolution of any claims related to your worker classification under the Fair Labor Standards Act (FLSA) or relevant state statutes. This reclassification does not alter your at-will employment status.

Please review, sign, and return this letter by [Deadline Date] to signify your acceptance of these terms.

Sincerely,

[Name of Partner/HR Director]
[Title]
[Law Firm Name]

Acknowledgment and Acceptance:

I, [Worker Name], accept the reclassification and resolution terms as outlined above.

Signature: _____ Date: _____