Date: [Insert Date]

To: [Employee Name]
Employee ID: [Insert ID Number]
Department: [Insert Department]

Subject: Authorization for Hardship Premium Pay

Dear [Employee Name],

This letter serves as official authorization for the payment of a Hardship Premium in connection with your current assignment at [Location/Project Name].

Based on the assessment of the working conditions, environmental factors, or geographical challenges associated with this role, you have been granted a premium rate of [Percentage/Amount] in addition to your base salary.

Terms of Authorization:

- **Effective Date:** [Insert Start Date]
- **Premium Rate:** [Insert Rate, e.g., 15% of base pay]
- **Frequency:** Paid [Monthly/Bi-weekly]
- **Duration:** This premium will remain in effect until [End Date] or until your reassignment to a non-hardship location.

Please note that this premium is subject to applicable taxes and withholdings. The company reserves the right to review or adjust this authorization should the conditions of the assignment change.

If you have any questions regarding this adjustment, please contact the Human Resources Department.

Sincerely,

[Authorized Signature]
[Name of Authorized Official]
[Title]
[Company Name]