

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

[Date]

[Employee Full Name]  
[Employee ID]  
[Department]

**Subject: Notice of Compensation and Benefits Adjustment**

Dear [Employee Name],

We are pleased to inform you that your compensation and benefits package has been reviewed and adjusted. These changes are a result of [Reason: e.g., Annual Performance Review / Promotion / Market Adjustment].

**1. Compensation Adjustment**

Your base salary/hourly rate will be adjusted as follows:

- Current Salary: [Current Amount]
- New Salary: [New Amount]
- Effective Date: [Date]

**2. Benefits Adjustment**

In addition to the salary change, the following modifications have been made to your benefits package:

- [Benefit 1: e.g., Bonus Eligibility / Health Insurance Tier]: [Description of change]
- [Benefit 2: e.g., Retirement Contribution / PTO Accrual]: [Description of change]

All other terms and conditions of your employment contract remain unchanged. These updates will be reflected in your paycheck starting from the [Date] pay cycle.

Thank you for your continued hard work and dedication to [Company Name]. If you have any questions regarding these changes, please contact the Human Resources department.

Sincerely,

[Sender Name]  
[Sender Title]  
[Company Name]

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**Employee Acknowledgment:**

I accept the terms of the compensation and benefits adjustment as outlined above.

\_\_\_\_\_  
[Employee Signature]

Date: \_\_\_\_\_