

[Date]

[Employee Name]

[Employee ID]

[Department]

Subject: Notification of Benefits and Leave Accrual Adjustments

Dear [Employee Name],

This letter is to formally notify you of adjustments being made to your employee benefits and leave accrual rates. These changes are effective as of [Effective Date].

The adjustments are based on [Reason for Change, e.g., change in employment status, years of service milestone, or updated company policy].

1. Leave Accrual Changes:

- **Vacation/PTO:** Your accrual rate will change from [Old Rate] to [New Rate] per [Pay Period/Month].
- **Sick Leave:** Your accrual rate will change from [Old Rate] to [New Rate] per [Pay Period/Month].

2. Benefit Adjustments:

The following changes will apply to your benefit elections:

- [Benefit Type, e.g., Health Insurance]: [Description of change or new premium amount]
- [Benefit Type, e.g., Retirement Contribution]: [Description of change]

Please review your next pay stub dated [Pay Date] to ensure these updates are reflected accurately. If you have any questions regarding these adjustments or how they were calculated, please contact the Human Resources department at [Phone Number/Email].

Thank you for your continued contributions to [Company Name].

Sincerely,

[Sender Name]

[Sender Title]

[Company Name]