[Your Name]
[Your Employee ID]
[Current Department]

[Date]

[Manager's Name]
[Company Name]

Subject: Mutual Agreement for Shift Change and Transfer

Dear [Manager's Name],

This letter serves as a formal mutual agreement between [Company Name] and myself regarding a change in my current work schedule and department transfer.

As discussed and agreed upon, I will be transferring from my current position as [Current Job Title] in the [Current Department] to the position of [New Job Title] in the [New Department].

Effective [Start Date], my new work shift will be as follows:

- **New Shift:** [e.g., Night Shift / Second Shift]
- **Work Days:** [e.g., Monday to Friday]
- **Work Hours:** [e.g., 10:00 PM to 6:00 AM]

I understand that all other terms and conditions of my employment contract remain unchanged, unless otherwise specified in writing. I am committed to ensuring a smooth transition during this transfer.

Please find my signature below signifying my voluntary agreement to this change, along with a space for management approval.

Sincerely,

_____
[Employee Signature]
[Date]

Management Approval:

_____
[Manager Signature]
[Date]