

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

[Date]

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

Subject: Notice of Involuntary Shift Change and Transfer

Dear [Employee Name],

This letter serves as formal notification that your current work schedule and shift assignment are being changed due to [operational requirements / business needs / restructuring].

Effective [Start Date], your new shift schedule will be as follows:

- **New Shift:** [Shift Name, e.g., Night Shift]
- **Work Days:** [Days of the week]
- **Work Hours:** [Start Time] to [End Time]
- **Reporting Manager:** [Manager Name]

Please note that this change is mandatory. If your new shift includes a change in pay differential, it will be reflected in the pay period starting [Date].

We understand that this transition may require adjustments. If you have any questions regarding this change, please contact [HR Representative Name] at [Phone Number/Email] by [Deadline Date].

Thank you for your continued cooperation and contributions to the team.

Sincerely,

[Signature]
[Sender Name]
[Sender Title]

Employee Acknowledgment:

I acknowledge that I have received this notice and understand the terms of my new shift assignment.

Signature: _____ Date: _____