

Staggered Hours Agreement

Date: [Insert Date]

To: [Employee's Name]

From: [Manager's Name]

Subject: Staggered Hours Agreement

Dear [Employee's Name],

We are writing to confirm our agreement regarding your staggered working hours arrangement. This agreement will be effective from [Start Date] and will continue until [End Date or "ongoing" if indefinite].

Your staggered working hours will be as follows:

- Start Time: [Insert Start Time]
- End Time: [Insert End Time]
- Days of Work: [Insert Days]

We believe that this arrangement will help improve your work-life balance while ensuring that our team's productivity remains high. Please confirm your acceptance of this agreement by signing below.

Thank you for your continued dedication and hard work.

Sincerely,

[Manager's Name]

[Title]

[Company Name]

Employee's Signature: _____

Date: _____