

Adjusted Work Schedule Agreement

Date: [Insert Date]

[Employee's Name]
[Employee's Address]
[City, State, Zip Code]

[Employer's Name]
[Company's Name]
[Company's Address]
[City, State, Zip Code]

Dear [Employee's Name],

This letter serves to confirm the adjusted work schedule agreement reached between you and [Company's Name] as discussed on [discussion date].

Effective [start date], your new work schedule will be as follows:

- Monday: [Start Time] to [End Time]
- Tuesday: [Start Time] to [End Time]
- Wednesday: [Start Time] to [End Time]
- Thursday: [Start Time] to [End Time]
- Friday: [Start Time] to [End Time]

This schedule is subject to review on [review date] and may be adjusted based on the needs of the team and your personal circumstances.

We thank you for your flexibility and look forward to your continued contributions to [Company's Name]. Please sign and return a copy of this letter to indicate your acceptance of this adjusted work schedule.

Sincerely,

[Employer's Name]
[Employer's Position]
[Company's Name]

Employee Signature

Date: _____