

# Shortened Work Week Agreement

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Position: \_\_\_\_\_

Company Name: \_\_\_\_\_

Dear [Employee Name],

This letter serves as a formal agreement between [Company Name] and [Employee Name] regarding the implementation of a shortened work week.

## Terms of Agreement:

- Work Schedule: [Specify the new work schedule, e.g., Monday to Thursday, 32 hours per week]
- Effective Date: [Start date of the shortened work week]
- Duration: [Specify duration, e.g., Temporary for 3 months, with review at the end]
- Compensation: [Details regarding pay, e.g., Hourly rate remains the same]

This agreement is intended to provide flexibility while maintaining productivity. Both parties agree to adhere to the new schedule and to evaluate its effectiveness regularly.

By signing below, both parties acknowledge that they understand and agree to the terms outlined in this letter.

\_\_\_\_\_  
[Employee Name]  
Employee Signature  
Date: \_\_\_\_\_

\_\_\_\_\_  
[Manager/Supervisor Name]  
Manager/Supervisor Signature  
Date: \_\_\_\_\_

Thank you for your cooperation.

Sincerely,  
[Your Name]  
[Your Position]  
[Company Name]