

NOTICE OF CHANGE OF WORKING HOURS

To: _____

Company Name: _____

Employee Name: _____

This letter serves as formal notification of changes to your current working hours. Please review the details below carefully. These changes are effective immediately upon receipt of this notice unless otherwise specified.

Current Working Hours:

Days of Work: _____

Start Time: _____

End Time: _____

New Working Hours:

Days of Work: _____

Start Time: _____

End Time: _____

Reason for Change:

[Please specify the business or operational reasons necessitating this change, e.g., increased workload, seasonal adjustments, operational efficiency, compliance with labor regulations.]

Employee Acknowledgment:

By signing below, you acknowledge receipt of this notice and understand the changes to your working hours as outlined above. If you have any questions or concerns, please contact the Human Resources department promptly.

EMPLOYEE SIGNATURE

EMPLOYER REPRESENTATIVE SIGNATURE

Signature: _____

Signature: _____

Date: _____

Date: _____

Both parties acknowledge that they have read and understood the terms herein, and agree to abide by them. Any disputes arising from this notice shall be resolved in accordance with applicable laws.

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