**Notice to Employee of Change from Full-time to Part-time Status**

[*Date*]

Dear [*name*],

Effective [*date*], your work hours will be reduced to [*number of hours per week*] due to [*insert reason*]. As a result, your base salary will be reduced accordingly. Your new base salary will be $[*amount*] and will be reflected on your paycheck dated [*date*].

Based on our policies and benefits plan, changing to a part-time status (less than [*number*] hours per week) makes you ineligible for group health benefits. Your group health benefits will end on [*date*]. You will receive information regarding COBRA continuation health coverage in a separate notice at your home address.

[*Insert information on other benefits that are impacted by a reduction in hours*].

If you have any questions, please contact [*name and contact information*].

Sincerely,

Human Resources