Date:

Dear (name),

Thank you for volunteering to reduce your salary during this difficult time.

Based on your request, your annual salary will be reduced from (paycheck dollar amount) to (new paycheck dollar amount). The adjusted salary represents the \_\_\_\_\_percent reduction you requested, rounded to the nearest dollar.

The change will be effective (date) and will begin with your (date) paycheck. This reduction will continue for six months after which time your salary will revert to its former level effective (date) unless you notify us sooner.

Additionally, all benefits based on salary, such as 403(b) contributions and life insurance costs will be reduced as well.

Attached you will find a form required by the Department of Labor for any salary reduction. This form has been completed for you, except for your signature. Please sign, scan, and send back to Human Resources at humanres@adelphi.edu.

You may stop your salary reduction at any time. Your salary reduction is **voluntary** and has no impact on other employment terms.

Please confirm your acceptance of this arrangement by signing this letter and returning it to Human Resources at humanres@adelphi.edu. Thank you.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_

DEPARTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_