A close up of a sign

Description automatically generated **Sample Letters for Employers**

Red text denotes a field that needs to be changed by the user.

1. RECALL FROM COVID-19 FURLOUGH SAMPLE LETTER

[Date]

[Name]  
[Street]  
[City, State, ZIP]

Dear [Employee name],

I am pleased to notify you that [Company name] once again has work available and would like to recall you from furlough and offer you back [your previous position/the following position]. We would like you to resume work on [date].

This offer letter supersedes any previous offer letter or terms of employment. Should you accept this offer of recall, the terms of your employment will be as follows:

Job Title: [Job title]

Supervisor: [Supervisor name]

Responsibilities will include but not be limited to: [Responsibilities or see attached job description]

Monthly Salary or Hourly Wage: $[amount]

Employment Classification: [Full-time/Part-time] and [Exempt/Nonexempt]

Employment is at-will, meaning you are not guaranteed employment for any period of time and either the Company or you can end the relationship at any time, with or without notice, and with or without cause.

Your seniority will not be affected by this brief furlough period, and your benefits will be restored without condition. Your previously accrued but unused paid time off and sick leave, if applicable, will also be available upon your return. The Company may modify job titles, pay, and benefits from time to time as it deems necessary.

We’re committed to doing everything we can to maintain a safe and healthy workplace. [Spell out the safety methods the company has put in place (e.g., scheduled handwashing, frequent disinfection of surfaces, social distancing rules, reduced customer capacity, staggered shifts, or more extreme measures if warranted by your industry)]. We are relying heavily on CDC and local health department information in establishing safe working conditions and will continue to make our best efforts to keep the workplace safe.

To accept the position offered above and be recalled to work, please return a signed and dated copy of this letter by [due date]. If you are receiving this as a paper document, we have included two copies, so you have one for your records. If this letter is not signed and returned by that date, we will assume you are turning down this offer to return to work and your employment with the Company will be terminated. If you are choosing not to return, please notify us by checking the appropriate box below and returning the signed letter for our records. If you’d like to discuss the decision, please contact [ contact name, email, phone] . If you are on an approved leave of absence, please contact [ contact name, email, phone] to discuss the return to work timeline.

You may contact me if you have any questions or concerns about our current safety procedures or your personal safety, or if you need any type of assistance to be able to return to work.

Sincerely,

[Company representative signature]

[Name]

Check one box below. This can be done by clicking in the box within the Word document if you are reviewing and returning this offer letter electronically:

I accept the terms of this recall letter and will return to work

I decline recall and request termination of my employment

(If signing electronically, type your full name followed by “e-signed.”)

**Signature:**

**Name (print):**  **Date:**

2. WELCOME BACK LETTER TO EMPLOYEES

Note to employers: Adjust language as necessary for your company/workplace. Be sure to check any state and local public health guidance as you formulate return to work plans.

To **[Company name]** employees:

Welcome back to work!

You’ll notice various changes in the way our workplace looks as well as new practices and protocols. We understand these changes may be difficult and we are here to support you. Our goal is to collaboratively ensure you feel safe and secure so together we can navigate the complexities of our “new normal.”

Here are some things we are implementing to help keep our workplace safe and to support you:

* More frequent cleaning and sanitizing.
* Access to hand sanitizer throughout the workplace.
* Access to our employee assistance program (EAP) and other mental health resources (contact HR or **[name and email of person to contact]**).
* Staggered shifts so fewer people are on-site at one time.
* More frequent communications on our business, projections, new policies and requirements, your health and safety, and measures we are taking to support you and our community.
* New limits on the number of people allowed to gather in rooms, conference rooms, and communal areas at one time (no more than **[x]** people).

Here are some things we expect you to implement to help keep our workplace safe:

* Go home if you feel sick.
* Wash your hands often, and for the recommended 20 seconds.
* Stay at least 6 feet apart when moving through the workplace.
* You may, but are not required to, wear a face mask or cloth face covering in the workplace.
* Be considerate of your co-workers (remember, we’re all in this together).
* Call, email, message, or video conference as much as possible rather than meet face to face.
* Be conscious and understanding of your co-workers who may be dealing with child care issues, illness or loss of loved ones, financial insecurity, and other issues.
* Speak with your manager, HR, or **[name and email of person to contact]** if you have questions or concerns.

Thank you for your patience and cooperation, and welcome back to **[Company name]**.

**[Name and signature]**

# Policy CHange Notice

[Date]

Red text denotes a field that needs to be changed by the user.

[Employee Name]  
[Street Address]  
[City, State ZIP]

Dear [Employee Name],

The purpose of this letter is to inform you of an update to the Company’s [holiday, PTO, dress code etc.] policy. The [policy/policies is/are] included below. Due to [include reason here, for example: increasing business needs, more demanding customer requests etc.] we have decided to [indicate policy change or new policy and pertinent information]. Going forward, you can expect [indicate how this will impact the employee’s day-to-day work or benefits].

The following [policy title] will become effective [date].

[Include new or updated policy here]

If you have concerns or need further clarification, please don’t hesitate to direct any questions to [preferred contact method].

Sincerely,

[Signature]

[Name and Position Title]

## Include Policy/Policies Here

# Policy Receipt & Acknowledgement

I acknowledge receipt of the Company’s updated [policy/policies]. I agree to read the [policy/policies] and to follow the guidelines and policies set forth in them along with the other policies and procedures of the Company. I understand that any violation of the company’s policies could result in discipline, up to and including termination.

The policy and notice are for informational purposes only and is not intended to create a contract, nor is it a contract of employment or continuing employment between myself and Company. Employment remains at-will.

### Signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Name (print): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### Date: **\_\_\_\_\_\_\_\_\_**

CC: Employment file

**Legal Disclaimer:** This document is intended for informational purposes only, and does not constitute legal information or advice. Transmission of documents or information does not create an attorney-client relationship. If you are seeking legal advice, you are encouraged to consult an attorney.