**Private and Confidential**

INSERT NAME

INSERT ADDRESS

DATE

Dear INSERT NAME

**Job Support Scheme**

We can confirm that due to the current level of work available as a result of COVID-19, as discussed in our meeting on DATE, we propose to temporarily reduce your working hours in accordance with the UK Government’s Job Support Scheme.

These changes will begin on DATE and we are hopeful this period will be as short as possible, subject to UK and Scottish Government guidance, but be aware this could last up to 30 April 2021. We reserve the right to extend this date based on the requirements of our business needs and UK and Scottish Government advice and legislation.

During this period of reduced hours, you will be provided with work for least 33% of your normal contractual hours. For this time worked, you will be paid at your normal contractual wage. For the remaining contractual hours you do not work, you will be paid up to two-thirds of your usual wage.

The following will also apply:

1. You will retain your continuous service with the company.
2. Hours of work/Shifts will be INSERT. This may be subject to change in line with business requirements.
3. If you wish to use annual leave during this period of time, you may do so by following the normal process for annual leave requests.
4. You should be available to commence work when requested to do so, unless you have a period of annual leave approved.

I can also confirm that should you wish to obtain alternative work with another Company during the period you are placed on the Job Support Scheme you can do so, but you must make us aware of this in writing. In this event, you are to ensure you do not share anything relating to your employment with us, which is of a confidential nature.

We thank you for your understanding during this very difficult time, and greatly appreciate all of your contributions to the Company. Our number one priority is your welfare and we hope you and your family remain healthy during these unprecedented times. I would be grateful if you could return the enclosed consent form to us by DATE.

Yours sincerely

**Name**

**Job Title**

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I confirm I accept a reduction in hours from DATE.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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