LOS ANGELES COUNTY
CONSUMER & BUSINESS AFFAIRS

SAMPLE FORM: NOTIFICATION OF CHANGE OF SCHEDULE

[DATE]

RE: Notification of Change of Schedule

Dear **[RECIPIENT NAME,]**

After careful consideration, we've decided to make changes to your work schedule. Please see the following reasons this change is necessary:

[LIST REASON(S) FOR CHANGE]

Beginning on **[DATE CHANGE TAKES EFFECT]** your new work schedule will be:

[LIST CHANGE(S) TO THE SCHEDULE]

Based on the changes made to the schedule, you are **[ENTITLED / NOT ENTITLED]** to predictability pay. **(IF ENTITLED:)** The amount of predictability pay will be **[$ _____]**

Please contact **[NAME OF SUPERVISOR]** if you have any questions, conflicts, or need clarification.

Sincerely,
[EMPLOYER NAME]
[EMPLOYER ADDRESS]
[EMPLOYER PHONE NUMBER]
[EMPLOYER EMAIL]