Highlighted text is to be completed with relevant information.

**Green** text are optional clauses. Convert to match black font or delete clause if not applicable.

**Red** text are guidance notes and need to be deleted along with this text box.

Y

Date

Employee name

Address line 1

Address line 2

STATE Postcode

**BY HAND/ EMAIL: email address if applicable**

Dear Employee Name,

**Rostered hours available due to business re-opening**

We are writing to confirm that due to the recent directive from the State Government, that non-essential businesses (including ours) may re-open, Company Name will re-commence normal operations effective insert date.

This letter is to confirm that from this date you will be offered shifts according to Company Name rostering arrangements, in line with your availability and the company's operational requirements.

Please contact me if you have any questions.

Yours sincerely,

Signatory Name

Signatory Title

**Employer Name**