[INSERT ON COMPANY LETTERHEAD]

Thursday, 2 April 2020

[EMPLOYEE NAME]

[EMPLOYEE ADDRESS]

sTRICTLY PRIVATE AND CONFIDENTIAL

Dear [NAME]

**Consultation regarding changes to hours of work**

The purpose of this letter is to invite you to attend a meeting **at [INSERT VENUE] with [ATTENDEES] at [TIME] on [DATE], to consult with** [INSERT COMPANY NAME]in accordance with clause [INSERT AWARD] (the **Award**), regarding proposed changes to your hours of work. These proposed changes are in light of the deteriorating effect Corona Virus (**COVID-19**) is having on [INSERT COMPANY NAME] at **[INSERT BUSINESS NAME]**.

We are inviting you to this meeting to give you an opportunity to express your views about the impact the proposed change will have on you. [INSERT COMPANY NAME] will consider any views you have regarding the proposed change during this consultation process.

*Proposed change*

[Pick which option is most appropriate for the employee]

FOR FULL TIME EMPLOYEES:

Your contract of employment outlines you are required to work [INSERT EMPLOYEE’S CONTRACTED HOURS] per week (**Contracted Hours**).

Pursuant to Schedule [INSERT SCHEDULE] of the Award, [INSERT COMPANY NAME] proposes to vary your Contracted Hours to an average of between [INSERT] hours and [INSERT] hours per week.

This means that your hours of work will vary between [INSERT] and [INSERT] hours per week depending on [INSERT COMPANY NAME]’s operational requirements. You will be paid on a pro-rata basis based on the number of hours you work each week.

Please note that you will continue to accrue annual leave and personal leave, and any other applicable accruals under the Award, based on your full time Contracted Hours of work.

FOR PART TIME EMPLOYEES:

Your contract of employment outlines your guaranteed hours of work per week are [INSERT EMPLOYEE’S GUARANTEED HOURS] (**Guaranteed Hours**).

Pursuant to Schedule L of the Award, [INSERT COMPANY NAME], proposes to vary your hours of work to an average of between [INSERT] % and 100% of your Guaranteed Hours.

This means that your hours of work will be between [INSERT] % and 100% of your Guaranteed Hours depending on [INSERT COMPANY NAME]’s operational requirements. You will be paid on a pro-rata basis based on the number of hours you work each week.

Please note that you will continue to accrue annual leave and personal leave, and any other applicable accruals under the Award, based on your part time Guaranteed Hours of work.

*Expected time frame for varied hours of work*

[INSERT COMPANY NAME] expects these varied hours of work will be in effect until **30 June 2020**. However, this time frame may be extended if the deteriorating effect of COVID-19 continues, and accordingly, the provisions of the Award are extended. We will advise you of any changes as and when they become available.

**If you have any queries, lease do not hesitate to contact me.**

**Regards**

**[NAME]**

**[POSITION]**