November 3, 2026

Example Company
123 Example Road, New York, NY

Alex Example
40 Example Street, Portland, OR

Re: Furlough Letter — Alex Example

Dear Alex Example:

I refer to our discussion with you on , during which we explained the circumstances affecting the business. This letter confirms that discussion in writing.

Seasonal inventory volume has declined significantly, and we are implementing a reduced-hour schedule to maintain coverage while controlling labor costs. Accordingly, we regret to inform you that we are placing you on a temporary furlough from your position as **Support Specialist**.

1. Type and Effective Date of Furlough

Effective **November 16, 2026** through **December 15, 2026**, your weekly hours will be reduced from **40 hours per week** to **24 hours per week**, on the following schedule: Monday and Tuesday, 7:00 a.m. to 3:30 p.m., and Wednesday, 7:00 a.m. to 11:00 a.m.

Employment and scheduled work

This letter records the schedule announced above. Your work location is NY. Your employment agreement, any collective bargaining agreement, written plan terms and applicable law govern accrued rights, recall and seniority. A furlough label alone does not decide whether a layoff or separation has occurred for wages, benefits or notice.

Perform work during the reduced schedule. Record and report all time actually worked, including required calls or email outside the schedule.

For nonexempt work, payroll will count all compensable time, including work allowed outside the schedule. Applicable minimum wage and overtime requirements continue.

Pay, leave and benefit records

Earned wages, commissions, bonuses and accrued leave remain subject to the applicable law, earning terms and agreement. The ordinary payroll date recorded is November 30, 2026. An earlier final-pay obligation takes priority.

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Under the stated employer policy, leave accrual continues during this schedule, subject to the terms and law that govern it. The employer reports that other benefits continue as provided by the applicable plans.

Group health coverage

The employee was not enrolled in this group health plan immediately before the change. Ask the administrator about any separately covered beneficiary and other coverage options.

Unemployment and work-sharing

The unemployment agency decides eligibility and payment for each claimed week. File promptly and report all work and earnings as directed. Enrollment in a shared-work plan requires confirmation from the employer and agency. Your home address and the employer's headquarters do not establish the state where wages were reported.

New York DOL decides ordinary unemployment eligibility. For an approved Shared Work plan, qualifying reductions generally range from 20 to 60 percent of normal hours and wages. Follow DOL's certification instructions. For an employee covered by an approved New York Shared Work plan, the employer provides notification using the plan's procedures. Separately, an actual termination requires written notice of the exact termination and benefit-cancellation dates within five working days under Labor Law § 195(6). This letter does not certify either notice was delivered.

Collective notice and recall

The employer must assess plant closing, mass layoff and group reductions separately from this individual schedule. Federal WARN generally requires 60 days' advance written notice for covered actions. Assess the employer, the affected operating unit or single site, eligible worker counts, 30- and 90-day aggregation and the actual expected employment losses. A layoff exceeding six months or a reduction of more than half the working hours in each month of a six-month period may count as an employment loss. If a previously shorter layoff is extended, the reason, what was foreseeable when it began, and when notice was given matter. Remote employees can have a reporting or assignment site different from home. Any required notice to workers, representatives or government recipients must be prepared and delivered separately.

New York WARN generally requires 90 days' advance notice for covered events. Review New York employer coverage, single-site employees, qualifying employment losses and the plant-closing, relocation and mass-layoff triggers separately. Count part-time workers as the applicable state rule directs.

10. Return to Work

Unless recalled earlier or the furlough is extended in writing, the announced schedule runs through December 15, 2026. We will confirm your next scheduled shift separately. If an earlier recall becomes

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necessary, Example Company will provide you with at least **7 days'** advance notice.

Please contact Rita Alvarado within 3 business days after receiving recall instructions to confirm availability, request an accommodation or report a conflict. The employer will review the facts, protected leave, and applicable agreement before making any separate employment decision.

11. Employee Contact Information

Please ensure that Example Company has your current personal phone number, personal email address, and postal address. **If any of your contact information changes during the furlough, please notify Rita Alvarado at ralvarado@lonestardist.example / (713) 555-0187 immediately.** Recall notices will be sent using the contact information on file.

12. Questions

Please look out for further updates, and do not hesitate to reach out to **Rita Alvarado, HR Manager**, at **ralvarado@lonestardist.example / (713) 555-0187** if you have any questions or concerns.

We understand this is a difficult situation and we appreciate your patience and continued commitment to Example Company. We look forward to welcoming you back when circumstances permit.

Sincerely,

Employer Representative

_____ PRINTED NAME

_____ SIGNATURE

_____ DATE

Rita Alvarado
HR Manager
Example Company

Employee Acknowledgment of Receipt

I, **Alex Example**, acknowledge that I have received this Furlough Letter dated November 3, 2026 from Example Company. My signature below confirms receipt only and does not constitute agreement to, or

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waiver of, any rights I may have under federal, state, or local law, or under any applicable employment agreement or collective bargaining agreement.

Employee (Acknowledgment of Receipt)

_____ PRINTED NAME

_____ SIGNATURE

_____ DATE

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