Dear [Employee name],

I am pleased to notify you that [Company name] has work available and would like to recall you from furlough and offer you back [the following position]. We would like you to resume work on [date].

Should you accept this offer of recall, the terms of your employment will be as follows:

Job Title: [Job title]

Responsibilities will include but not be limited to:

[Responsibilities or see attached job description]

Hourly Wage: $[amount] Salary Wage: $[amount]

Employment Classification: [Full-time/Part-time] and [Exempt/Nonexempt] Employment is at-will, meaning you are not guaranteed employment for any period of time and either the Company or you can end the relationship at any time, with or without notice, and with or without cause. Your seniority will not be affected by this brief furlough period, and your benefits will be restored without condition. Your previously accrued but unused paid time off and sick leave, if applicable, will also be available upon your return. The Company may modify job titles, pay, and benefits from time to time as it deems necessary.

We’re committed to doing everything we can to maintain a safe and healthy workplace. [Spell out the safety methods the company has put in place (e.g., scheduled handwashing, frequent disinfection of surfaces, social distancing rules, reduced customer capacity, staggered shifts, or more extreme measures if warranted by your industry)]. We are relying heavily on CDC and local health department information in establishing safe working conditions and will continue to make our best efforts to keep the workplace safe.

To accept the position offered above and be recalled to work, please sign and date this letter by [due date]. If this letter is not signed and returned by that date, we will assume you are turning down this offer to return to work and your employment with the Company will be terminated.

You may contact me if you have any questions or concerns about our current safety procedures or your personal safety, or if you need any type of assistance to be able to return to work.

Sincerely,

[Company representative signature]

[Name]

Check one box below

 ☐ I accept the terms of this recall letter and will return to work

 ☐ I decline recall and request termination of my employment

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{Employee Signature} {Date}