# Furlough Recall Letter

[DATE]

Dear [EMPLOYEE],

I am pleased to notify you that [COMPANY NAME] once again has work available and would like to recall you from furlough and offer you back [your previous position/ the following position]. We would like you to resume work on [DATE].

This offer letter supersedes any previous offer letter or terms of employment. Should you accept this offer of recall, the terms of your employment will be as follows:

**Job Title:** [JOB TITLE]

**Supervisor:** [SUPERVISOR’S NAME]

**Responsibilities will include but are not limited to:** Please see attached job description

**Annual Salary or Hourly Wage:** [$XX,XXX or $XX.xx per hour]

**Employment Classification:** [Full-time/ Part-time] and [Exempt/ Non-exempt]

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. routine handwashing, frequent disinfecting of surfaces, social distancing rules, reduced client capacity, curbside service, staggered shifts, PPE, etc.)]. We are relying heavily on various sources including but not limited to the 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 to be recalled back to work, please return a signed and dated copy of this letter by [DUE DATE]. If you are receiving this as a paper document, we have included two copies, so you have one for your records. If this letter is not signed and returned by the above due date, we will assume you are turning down this offer to return to work and your employment with [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,

[PRACTICE OWNER OR PRACTICE MANAGER SIGNATURE]

[PRINTED NAME]

(Practice Owner/ Practice Manager)

**Please 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

(If signing electronically, type your full name followed by “e-signed.”)

Signature: Date: