[Company Name]
[Company Address]
[City, State, Zip Code]
[Date]

[Employee Name]
[Employee Address]
[City, State, Zip Code]

Subject: Confirmation of Manufacturing Shift Placement

Dear [Employee Name],

This letter is to formally confirm your placement for the following shift at our manufacturing facility:

- **Role:** [Job Title/Position]
- **Department:** [Department Name]
- **Shift Designation:** [e.g., First Shift / Night Shift]
- **Effective Start Date:** [Date]
- **Shift Hours:** [Start Time] to [End Time]
- **Work Days:** [e.g., Monday through Friday]
- **Reporting Supervisor:** [Supervisor Name]

Please ensure you arrive 15 minutes prior to your first shift for safety briefing and workstation assignment. You are required to wear all standard Personal Protective Equipment (PPE), including [List specific gear, e.g., steel-toed boots, safety glasses], at all times while on the floor.

Please sign below to acknowledge your receipt of this schedule and your understanding of the assigned hours.

Sincerely,

[Sender Name]
[Title]
[Company Name]

Employee Acknowledgment:

Signature: _____ Date: _____