

Date: _____
Employee Name: _____
Position: _____
Department: _____

Subject: Cost of Living Allowance Adjustment

Dear _____,

We would like to inform you that, as part of our ongoing commitment to ensure fair and competitive compensation, your Cost of Living Allowance (COLA) will be adjusted effective _____.

Your revised Cost of Living Allowance will be: _____ per month.

This adjustment reflects current economic factors and aligns with our company policies. Please reach out to the Human Resources department if you have any questions regarding this change.

We appreciate your continued contributions and commitment to our organization.

Sincerely,

Authorized Signatory