

[Your Company Letterhead]

[Date]

[Employee's Name]

[Employee's Address]

[City, State, Zip Code]

Dear [Employee's Name],

Subject: Notification of FFCRA Benefits

We hope this message finds you well. In accordance with the Families First Coronavirus Response Act (FFCRA), we would like to inform you of your rights and our responsibilities under this new law.

As an eligible employee, you may qualify for paid sick leave and expanded family and medical leave if you are unable to work or telework due to specific COVID-19 related conditions.

****Eligibility Criteria****

You may be eligible for benefits under FFCRA if you meet any of the following conditions:

1. You are subject to a federal, state, or local quarantine or isolation order related to COVID-19.
2. You have been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19.
3. You are experiencing symptoms of COVID-19 and seeking a medical diagnosis.
4. You are caring for an individual who is subject to an order or has been advised to self-quarantine.
5. You are caring for your child if their school or place of care is closed due to COVID-19.
6. You are experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services (HHS).

****Benefits****

If you qualify, you may receive:

- Up to 80 hours of paid sick leave at your regular rate of pay (or at two-thirds your regular rate for caregiving leave), and
- Up to 12 weeks of expanded family and medical leave, of which the first two weeks may be unpaid if you elect to use another form of paid leave.

To apply for FFCRA leave, please submit your request to [Contact Person/HR Department] along with any required documentation.

We are committed to ensuring the health and safety of our employees during this challenging time and appreciate your cooperation. Please feel free to reach out if you have any questions or need further clarification.

Sincerely,

[Your Name]

[Your Job Title]

[Your Company Name]

[Contact Information]