

[Your Company Letterhead]

[Date]

[Employee's Name]

[Employee's Address]

[City, State, Zip]

Dear [Employee's Name],

Subject: Families First Coronavirus Response Act (FFCRA) Leave Information

We hope this message finds you well. As you may know, the Families First Coronavirus Response Act (FFCRA) has been enacted to provide certain leave benefits to employees affected by the COVID-19 pandemic. We want to ensure you are fully informed about your rights and the available benefits under this act.

Under the FFCRA, you may be eligible for:

1. **\*\*Emergency Paid Sick Leave (EPSL)\*\***: Up to 80 hours of paid sick leave if you are unable to work due to specific COVID-19 related reasons.
2. **\*\*Expanded Family and Medical Leave (EFMLA)\*\***: Additional job-protected leave for employees who need to care for a child whose school or place of care is closed due to COVID-19.

If you believe you qualify for leave under the FFCRA, please complete the attached request form and submit it to [HR Contact Name/Department] by [Submission Deadline]. We will review your request and respond promptly. For more information about the FFCRA and your rights, please refer to the following resources:

- [Link to FFCRA Information]
- [Link to Your Company's Leave Policies]

If you have any questions or need further assistance, please do not hesitate to reach out to [HR Contact Name] at [HR Contact Email] or [HR Contact Phone Number].

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Job Title]

[Company Name]

[Company Contact Information]