

[Your Company Letterhead]

[Date]

[Employee's Name]

[Employee's Address]

[City, State, Zip Code]

Dear [Employee's Name],

Subject: FFCRA Employee Acknowledgment

We are writing to inform you about your rights and benefits under the Families First Coronavirus Response Act (FFCRA). This letter serves as an acknowledgment of your eligibility and the provisions available to you regarding paid sick leave and expanded family and medical leave.

As an employee of [Company Name], you may be eligible for:

1. Up to two weeks (80 hours) of paid sick leave at your regular rate of pay when unable to work due to COVID-19 related reasons.
2. Expanded Family and Medical Leave for certain qualifying reasons, which may provide additional paid leave.

Please review the details of your eligibility and the reasons for which you may take leave under the FFCRA. Should you have any questions or need further clarification, feel free to reach out to [HR contact name or position] at [HR contact email] or [HR contact phone number].

Kindly sign below to acknowledge the receipt of this letter and your understanding of your rights under the FFCRA.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

Acknowledgment:

I, [Employee's Name], acknowledge receipt of this FFCRA Employee Acknowledgment Letter and understand my rights under the Act.

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[Employee's Signature]

[Date]