

[Your Company Letterhead]

[Date]

[Employee's Name]

[Employee's Address]

[City, State, Zip Code]

Dear [Employee's Name],

Subject: Explanation of FFCRA Employee Leave

We are writing to provide you with information regarding your rights and the provisions under the Families First Coronavirus Response Act (FFCRA) related to employee leave.

As an employee, you may qualify for leave under FFCRA due to specific reasons including:

1. ****Personal illness related to COVID-19****
2. ****Caring for an individual who is self-isolating****
3. ****Caring for a child due to a school or childcare closure****
4. ****Experiencing symptoms and seeking a diagnosis****

The FFCRA provides eligible employees with up to [insert number] weeks of paid sick leave and/or expanded family and medical leave. The pay rate during this leave may vary depending on your circumstances.

To apply for FFCRA leave, please complete the attached form and submit it to [HR/Your Supervisor] by [due date]. We will review your request and determine your eligibility.

Should you have any questions or require further assistance, please do not hesitate to reach out to our HR department at [HR contact information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Contact Information]