

[Your Company Letterhead]

[Date]

[Employee's Name]

[Employee's Address]

[City, State, Zip Code]

Dear [Employee's Name],

Subject: Employee Rights Under the Families First Coronavirus Response Act (FFCRA)

We hope this letter finds you well. As part of our commitment to keeping our employees informed about their rights during the ongoing COVID-19 pandemic, we are providing you with information regarding the Families First Coronavirus Response Act (FFCRA).

Under the FFCRA, you may be entitled to the following benefits if you meet specific criteria:

1. **\*\*Emergency Paid Sick Leave\*\***: Up to two weeks (80 hours) of paid sick leave if you are unable to work because you are:

- Subject to a federal, state, or local quarantine or isolation order related to COVID-19.

- Advised by a healthcare provider to self-quarantine due to concerns related to COVID-19.

- Experiencing symptoms of COVID-19 and seeking a medical diagnosis.

- Caring for an individual who is subject to quarantine or isolation.

- Caring for a child whose school or place of care is closed due to COVID-19.

2. **\*\*Emergency Family and Medical Leave Expansion\*\***: If you are unable to work due to the need to care for your child whose school or place of care is closed for reasons related to COVID-19, you may be eligible for up to 12 weeks of job-protected leave, with the first 10 days being unpaid, followed by paid leave at a rate of two-thirds of your regular pay.

If you believe you qualify for any of these benefits, please reach out to [HR Department Contact or Supervisor's Name] at [Contact Information] as soon as possible. We are here to assist you and ensure you receive the support you need during this time.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Company]

[Company Contact Information]