[Your Company's Letterhead]
[Date]
[Employee's Name]
[Employee's Address]
[City, State, Zip Code]
Dear [Employee's Name],
Subject: FFCRA Leave Policy

We hope this message finds you well. We are writing to inform you about our company's policy regarding the Families First Coronavirus Response Act (FFCRA) leave, designed to support employees during the COVID-19 pandemic.

Under the FFCRA, eligible employees may take paid leave for specific COVID-19-related reasons. Please find the details below:

- 1. **Qualifying Reasons for Leave**
- Employee is subject to a federal, state, or local quarantine or isolation order related to COVID-19.
- Employee has been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19.
- Employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis.
 - Employee is caring for an individual subject to a quarantine order.
- Employee is caring for a child whose school or place of care is closed due to COVID-19.
- Employee is experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services.
- 2. **Duration of Leave**

Employees may take up to [insert number] days of paid leave under the FFCRA, with specific pay rates applicable based on the reason for leave. 3. **How to Request Leave**

To request FFCRA leave, please complete the attached request form and submit it to [HR contact name or department] at [email or physical address] at least [insert number] days in advance, when possible.

4. **Additional Information**

For more details on eligibility and benefits, please refer to the full FFCRA policy document attached to this letter.

If you have any questions or need assistance, please do not hesitate to reach out to your supervisor or the HR department.

Thank you for your attention to this important matter and for your continued commitment during these challenging times.

Sincerely,

[Your Name]

[Your Title]

[Your Company]

[Contact Information]