

[Your Company's Letterhead]

[Date]

[Employee's Name]

[Employee's Address]

[City, State, Zip Code]

Dear [Employee's Name],

We are writing to inform you regarding your request for leave under the Families First Coronavirus Response Act (FFCRA).

As per your request submitted on [date of request], we acknowledge your eligibility for leave due to [reason for leave, e.g., quarantine, caring for an ill family member, etc.].

Your leave will begin on [start date] and is expected to last until [end date]. You are entitled to [number of hours/days] of paid sick leave.

Please keep in mind the following details regarding your leave:

- [Details of the leave policy, such as pay rate, duration, etc.]
- [Any conditions or documentation required, if applicable]

Please do not hesitate to reach out if you have any further questions or need additional assistance regarding your leave.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Position]

[Your Contact Information]

[Company Name]