

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Employer's Name]
[Company's Name]
[Company's Address]
[City, State, Zip Code]

Dear [Employer's Name],

Subject: Notification of Medical Leave Under FFCRA

I am writing to formally notify you that I am requesting a medical leave of absence as allowed under the Families First Coronavirus Response Act (FFCRA).

I have been advised by my healthcare provider to take leave due to [briefly state reason, e.g., symptoms of COVID-19, quarantine requirements, etc.]. My anticipated start date for this leave will be [start date]. I expect to return to work on [return date], depending on my recovery or any additional requirements.

According to FFCRA provisions, I am requesting [specify the type of leave, e.g., paid sick leave or expanded family and medical leave]. I will ensure to provide the necessary documentation from my healthcare provider to support my request as required.

Thank you for your understanding and support during this time. Please let me know if you need any additional information or documentation.

Sincerely,

[Your Name]
[Your Job Title]
[Your Department]