

[Your Company Name]  
[Your Company Address]  
[City, State, Zip Code]  
[Date]

[Employee's Name]  
[Employee's Address]  
[City, State, Zip Code]

Subject: FFCRA Notice of Leave Rights

Dear [Employee's Name],

This letter is to inform you of your rights under the Families First Coronavirus Response Act (FFCRA). Under the FFCRA, you may be eligible for paid leave under the following conditions:

1. **\*\*Emergency Paid Sick Leave (EPSL)\*\***: You may be eligible for up to two weeks (80 hours) of paid sick leave if you are unable to work for any of the following reasons:

- You are subject to a federal, state, or local quarantine or isolation order related to COVID-19.
- You have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- You are experiencing COVID-19 symptoms and are seeking a medical diagnosis.
- You are caring for an individual who is subject to an order of quarantine or isolation.
- You are caring for a child whose school or place of care is closed due to COVID-19.

2. **\*\*Emergency Family and Medical Leave Expansion Act (EFMLEA)\*\***: If you are unable to work due to the need to care for a child whose school or place of care is closed, you may be eligible for up to 12 weeks of job-protected leave, with the first 10 days being unpaid (though you may use EPSL during this time).

To apply for this leave, please complete the attached request form and submit it to [HR/Manager's Name] by [due date].

For any questions regarding your eligibility or the leave process, please reach out to [HR contact information].

Sincerely,

[Your Name]  
[Your Title]  
[Your Company Name]