

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Recipient Title]
[Company/Organization Name]
[Company Address]
[City, State, Zip Code]
Subject: FFCRA Claim Submission
Dear [Recipient Name],
I hope this message finds you well.
I am writing to formally submit my claim for paid leave under the
Families First Coronavirus Response Act (FFCRA). Below are the details
pertinent to my claim:
Employee Information:
- Name: [Your Name]
- Employee ID: [Employee ID Number]
- Position: [Your Position]
- Department: [Your Department]
Leave Details:
- Type of Leave: [Sick Leave/Expanded Family and Medical Leave]
- Dates of Leave: [Start Date] to [End Date]
- Reason for Leave: [Briefly explain reason, e.g., self-isolation, caring
for a child, etc.]
Supporting Documentation:
- [List any attached documents, such as medical certificates or relevant
correspondence.]
Please let me know if additional information or documentation is required
to process my claim. Thank you for your attention to this matter.
Sincerely,
[Your Signature (if sending a hard copy)]
[Your Printed Name]