

[Your Organization's Letterhead]

[Date]

[Employee's Name]

[Employee's Address]

[City, State, ZIP Code]

Dear [Employee's Name],

Subject: FFCRA Benefits Information

We are writing to inform you about the benefits available to you under the Families First Coronavirus Response Act (FFCRA), which provides support during this challenging time. Below is a summary of the key provisions:

1. **\*\*Emergency Paid Sick Leave\*\***: Eligible employees may receive up to 80 hours of paid sick leave if they are unable to work due to COVID-19-related reasons. This includes situations such as quarantine, experiencing symptoms, or caring for others impacted by the virus.
2. **\*\*Emergency Family and Medical Leave Expansion\*\***: Employees may qualify for up to 12 weeks of leave to care for a child whose school or daycare is closed due to COVID-19.
3. **\*\*Eligibility\*\***: All employees who have been employed for at least 30 calendar days are eligible. Specific conditions apply based on individual circumstances.
4. **\*\*Compensation\*\***: Pay for sick leave is generally at the employee's regular rate, up to a certain limit. For child care-related leave, the pay may be two-thirds of the employee's regular rate.
5. **\*\*Application Process\*\***: To apply for these benefits, please fill out the attached form and return it to the HR department.

If you have further questions or need assistance, please do not hesitate to reach out to HR at [HR Contact Information]. We are here to support you.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]