

[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],

I hope this message finds you well. I am writing to formally request benefits under the Families First Coronavirus Response Act (FFCRA). As you may know, the FFCRA provides for paid sick leave and expanded family and medical leave for employees affected by COVID-19.

Due to [briefly explain the reason for requesting leave, such as personal health issues related to COVID-19, needing to care for a family member, or childcare needs], I am eligible for these benefits and would like to take advantage of the provisions offered under the FFCRA.

I kindly ask you to provide me with the necessary forms and guidance to proceed with my request. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your understanding and support.

Sincerely,
[Your Name]