

[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 am writing to formally request leave under the Families First Coronavirus Response Act (FFCRA) due to [specific reason such as a COVID-19 related illness, quarantine, or caregiving responsibilities].

I would like to apply for [number of weeks/days] of leave starting from [start date] to [end date]. I have attached any necessary documentation to support my request, including [mention any relevant documents, such as medical certifications or proof of quarantine].

Please let me know if you require any further information or documentation. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your understanding.

Sincerely,

[Your Name]
[Your Job Title]