

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Employer's Name]
[Company Name]
[Company Address]
[City, State, Zip Code]

Dear [Employer's Name],

I am writing to formally request sick leave under the Families First Coronavirus Response Act (FFCRA) due to [briefly explain your reason, e.g., experiencing symptoms of COVID-19, being advised to quarantine, etc.].

I will be unable to perform my job duties from [start date] to [end date]. I have attached any necessary documentation to support my request, as required under the FFCRA guidelines.

Please let me know if you need any further information or documentation.

Thank you for your understanding during this time.

Sincerely,

[Your Name]
[Your Position]