

[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 hope this message finds you well. I am writing to formally request leave under the Families First Coronavirus Response Act (FFCRA) due to medical reasons.

I have been advised by my healthcare provider to take a leave of absence for medical reasons related to [briefly describe the medical condition, e.g., illness, injury, quarantine, etc.], which prevents me from performing my job duties effectively.

I request to begin my leave on [start date] and anticipate returning to work on [return date]. I will provide any necessary medical documentation to support my request as required.

Thank you for your understanding and support during this time. Please let me know if you need any further information or documentation.

Sincerely,  
[Your Name]  
[Your Job Title]