

[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],

Subject: Request for Leave under FFCRA

I am writing to formally request a leave of absence under the Families First Coronavirus Response Act (FFCRA) due to [specific reason: personal illness, caring for a sick family member, child care needs due to school closure, etc.].

I believe my situation qualifies under the FFCRA guidelines as follows:

- [Reason 1: e.g., "I have been advised to quarantine due to potential exposure to COVID-19."]
- [Reason 2: e.g., "I need to care for my child whose school is closed due to COVID-19."]

As per the provisions of the FFCRA, I am requesting [specific duration of leave, e.g., "two weeks of paid sick leave beginning on DATE"].

I understand that I need to provide documentation supporting my leave and will ensure that all necessary information is submitted promptly.

Thank you for your understanding and support during this critical time.

Please let me know if you require any additional information or documentation.

Sincerely,

[Your Name]
[Your Job Title]