

[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]

Subject: Request for FFCRA Leave

Dear [Employer's Name],

I am writing to formally request leave under the Families First Coronavirus Response Act (FFCRA) due to [briefly explain the reason, such as "a qualifying reason related to COVID-19"].

As required, I am providing the following information to document my request:

- ****Name****: [Your Name]
- ****Department****: [Your Department]
- ****Dates of Leave****: [Start Date] to [End Date]
- ****Reason for Leave****: [State your reason clearly, e.g., "I am required to care for my child due to school closure."]

I have attached any necessary documentation to support my leave request. Please let me know if you require any additional information or documentation to process my request.

Thank you for your understanding and support during this time.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]