

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Employer's Name]
[Company/Organization 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) to care for [family member's name], who is unable to care for themselves due to [specific reason related to COVID-19, e.g., a positive diagnosis, quarantine, etc.].

As stated in the FFCRA guidelines, I am eligible for leave because [brief explanation of eligibility, e.g., I have been advised to care for a family member due to the COVID-19 pandemic]. The leave is necessary starting from [start date] and is expected to last until [end date or duration], although I will keep you updated on any changes to this timeline.

I will ensure that my responsibilities are managed during my absence and am happy to assist in transition planning. Please let me know if you need any further information or documentation regarding my leave request.

Thank you for your understanding and support.

Sincerely,

[Your Name]
[Your Position]