Sample Sick Leave Approval Letter Template

*Please customize for your organization*

[DATE]

Dear [NAME]:

This letter is to inform you that your request for leave has been designated as Sick Leave under the Families First Coronavirus Response Act (FFCRA) Extended Family and Medical Leave. Your leave begins on X and ends on X.

You have been approved because of [your own inability to work because you are quarantined (pursuant to a Federal, State, or local government quarantine or isolation order related to COVID-19; or have been advised by a health care provider to self-quarantine due to concerns related to COVID-19), and/or are experiencing COVID-19 symptoms and seeking a medical diagnosis; or A bona fide need to care for an individual subject to quarantine (pursuant to Federal, State, or local government order or advice of a health care provider) or to care for a child (under 18 years of age) whose school or child care provider is closed or unavailable for reasons related to COVID-19.]

*[Note: Employer to update following section on the pay that aligns with the employee’s reason for using COVID-19 Sick Time]*

[During this time, you will receive your regular pay up-to a maximum of $511 per day, not to exceed $5,110 for the entire leave.]

OR

[During this time, you will receive up to 2/3 your regular pay, up to a maximum of $200 per day, not to exceed $2,000 for the entire leave.]

During this time we will maintain your benefits the same as if you were working, but you will be responsible for paying your employee contributions.

Your position will be held for you while you are on approved leave. If you do not return at the end of the defined period, unless additional leave time is approved, your position may no longer be available.

If you have any questions about your sick leave or other benefits, please contact me directly at [INSERT CONTACT INFORMATION]

Sincerely,

[NAME]