

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Subject: Approval of Short-Term Disability Leave Extension

Dear [Employee Name],

We have received your request and the supporting medical documentation for an extension of your Short-Term Disability (STD) leave.

This letter is to formally notify you that your request for extension has been approved. Your leave, which was originally scheduled to end on [Original End Date], has now been extended through [New End Date].

Your expected return-to-work date is [Return Date].

Please note the following conditions regarding your extension:

- Benefit payments will continue according to the terms of the company disability policy.
- If you are unable to return on the date specified above, you must provide updated medical documentation at least [Number] days prior to that date.
- Before returning to work, you are required to submit a fitness-for-duty certification from your healthcare provider.

If you have any questions regarding your benefits or your return to work, please contact [HR Contact Name] at [Phone Number] or [Email Address].

We wish you a continued recovery.

Sincerely,

[Signature]

[Sender Name]

[Title]

[Company Name]