[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email]

[Date]

[Manager Name or HR Contact Name]
[Company Name]
[Company Address]
[City, State, Zip Code]

Subject: Extension of Long-Term Disability Leave - [Your Employee ID]

Dear [Recipient Name],

I am writing to formally request an extension of my current long-term disability leave, which is currently scheduled to end on [Original Return Date].

Due to ongoing medical complications related to my [Condition/Injury], my healthcare provider has advised that I am not yet cleared to return to work. Based on my most recent medical assessment, I am requesting that my leave be extended until [New Expected Return Date].

Attached to this letter, you will find updated documentation from my physician, [Doctor's Name], which outlines my current status and the necessity for this extension. I will continue to keep you informed of any changes to my recovery timeline.

I remain committed to returning to my position at [Company Name] once I am medically able to do so. Please let me know if there are any additional forms or procedures required to process this request.

Thank you for your continued support and understanding.

Sincerely,

[Your Signature]

[Your Printed Name]