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

[Supervisor's Name or HR Manager]
[Company Name]
[Department]
[City, State, Zip Code]

Subject: Request for Extension of FMLA Leave

Dear [Manager Name or HR Department],

I am writing to formally request an extension of my current Family and Medical Leave Act (FMLA) leave, which began on [Original Start Date] and was scheduled to end on [Original End Date].

Due to [ongoing medical necessity / continued recovery / the health status of my family member], I find it necessary to extend my leave of absence. I am requesting to extend my return date to [New Return Date].

I have attached updated medical documentation from my healthcare provider that outlines the necessity for this extension and the estimated duration of my continued leave.

I intend to return to my position as [Your Job Title] on [New Return Date]. I will keep you informed should there be any changes to my status or my ability to return on that date.

Thank you for your understanding and for your assistance with this transition.

Sincerely,

[Your Signature]
[Your Printed Name]