[Current Date]

[Employee Name]
[Employee Address]
[City, State, Zip Code]

Subject: Extension of Workers' Compensation Leave

Dear [Employee Name],

This letter is to formally acknowledge and confirm the extension of your Workers' Compensation medical leave of absence. We have received the updated medical documentation from your healthcare provider dated [Date of Medical Report].

Based on the recommendations provided by your physician, your leave has been extended through [Expected Return Date].

During this period, your Workers' Compensation benefits will continue in accordance with state laws and company policy. Please ensure that you provide any further medical updates or changes in your status to the Human Resources department immediately.

If you are released to return to work with restrictions prior to the date mentioned above, please notify us so we can evaluate potential light-duty or transitional work assignments.

We wish you a continued recovery. If you have any questions regarding your benefits or leave status, please contact [HR Contact Name] at [Phone Number/Email].

Sincerely,

[Your Signature]

[Your Name]
[Your Title]
[Company Name]