

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

[Date]

[Name of Supervisor or HR Representative]
[Job Title]
[Company Name]
[Company Address]

Subject: Request for Extension of Reasonable Accommodation Leave

Dear [Name of Supervisor or HR Representative],

I am writing to formally request an extension of my current medical leave of absence, which was previously approved as a reasonable accommodation under the Americans with Disabilities Act (ADA) and/or applicable state laws.

My current leave is scheduled to end on [Original Return Date]. However, due to ongoing medical complications related to my disability, I require additional time for treatment and recovery. Based on the recommendation of my healthcare provider, I am requesting to extend my leave until [New Requested Return Date].

Attached to this letter, please find updated documentation from my medical provider. This documentation confirms my continued need for leave and provides an estimated date for my return to work.

I remain committed to my position at [Company Name] and intend to return to my full duties as soon as I am medically cleared to do so. I am happy to discuss how this extension might impact my department or explore any alternative accommodations that may assist in my eventual transition back to work.

Please let me know if you require any further information or specific forms to process this request. Thank you for your continued support and understanding regarding my health situation.

Sincerely,

[Your Signature]

[Your Printed Name]