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

[Date]

[Manager's Name] or [HR Contact Name]
[Company Name]
[Company Address]

Subject: Extension of Medical Leave of Absence - [Your Name]

Dear [Recipient Name],

I am writing to formally request an extension of my current medical leave of absence, which was originally scheduled to end on [Original Return Date].

Due to ongoing medical circumstances, my healthcare provider has advised that I require additional time for recovery before I can safely return to my duties. I am requesting to extend my leave until [New Proposed Return Date].

Attached to this letter, please find updated documentation from my physician confirming the necessity of this extension and the expected duration of my continued treatment.

I intend to keep you updated on my status and will notify you immediately if my return date changes. I appreciate your understanding and support during this time. Please let me know if there are any specific forms or additional information required by the company.

Thank you for your consideration.

Sincerely,

[Your Signature]

[Your Printed Name]