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

[Date]

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

Re: Request for Extension of Short-Term Disability Leave

Dear [Recipient Name],

I am writing to formally request an extension of my current short-term disability leave of absence, which was originally scheduled to end on [Original End Date].

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

Attached to this letter is the updated documentation from my physician confirming the necessity of this extension and my revised expected return-to-work date.

I will continue to keep you updated on my status and will provide any further documentation required by [Company Name] or the insurance provider. I intend to return to my position as [Your Job Title] as soon as I am medically cleared to do so.

Thank you for your understanding and continued support during my recovery.

Sincerely,

[Your Signature]

[Your Printed Name]