

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

[Date]

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

Subject: Request for Extension of Medical Accommodation - [Your Employee ID/Position]

Dear [Recipient Name],

I am writing to formally request an extension of my current medical accommodation, which was originally approved on [Start Date] and is currently scheduled to expire on [Current Expiration Date].

Based on a recent consultation with my healthcare provider, I require a continued adjustment to my work [schedule/environment/duties] to manage my ongoing medical condition effectively. I am requesting that the following accommodation(s) be extended until [New Proposed End Date or "Undetermined at this time"]:

- [List specific accommodation, e.g., Work from home 2 days per week]
- [List specific accommodation, e.g., Modified lifting requirements]

Attached is an updated medical certification from my healthcare provider confirming the continued necessity of these accommodations. This documentation outlines my current functional limitations and the expected duration of the requested extension.

I remain committed to performing my job duties and appreciate your support in ensuring I can continue to do so safely and effectively. I am available to discuss this request and explore any additional information you may need.

Thank you for your time and consideration.

Sincerely,

[Your Signature]

[Your Printed Name]