

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

[Date]

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

Subject: Extension of Pregnancy-Related Workplace Accommodations

Dear [Recipient Name],

I am writing to formally request an extension of my current workplace accommodations related to my pregnancy. My existing accommodations were originally scheduled to end on [Current End Date].

Due to [briefly mention reason, e.g., ongoing medical advice or persistent symptoms], I am requesting that these accommodations be extended until [Proposed New End Date or Expected Leave Start Date].

Specifically, I am requesting the continued extension of the following accommodations:

- [List specific accommodation, e.g., modified work schedule]
- [List specific accommodation, e.g., frequent rest breaks]
- [List specific accommodation, e.g., remote work options]

I have attached updated documentation from my healthcare provider confirming the medical necessity for this extension. I remain committed to performing my job duties effectively and believe these continued adjustments will allow me to do so while following medical guidance.

Please let me know if we need to schedule a time to discuss this request or if you require any further information. Thank you for your continued support and understanding.

Sincerely,

[Your Signature]

[Your Printed Name]