Date: [Date]

To: [Employer Name / HR Department]
Company: [Company Name]
Address: [Company Address]

Subject: Extension of Temporary Disability and Updated Return to Work Date

Dear [Manager or HR Contact Name],

I am writing to provide an update regarding my recovery following my major surgery on [Date of Surgery].

Based on a recent evaluation by my medical provider, it has been determined that I require an extension of my temporary disability period to ensure a full and safe recovery. My physician has recommended that my leave be extended until [New End Date of Disability].

I am currently scheduled to return to work on [Expected Return Date].

Attached to this letter is the formal medical documentation from my doctor outlining the necessity of this extension and any anticipated work restrictions or accommodations that may be required upon my return.

I will continue to keep you informed of my progress. Thank you for your understanding and support during my recovery.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Employee ID/Position]