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

[Date]

[Supervisor's Name or HR Manager's Name]
[Company Name]
[Department]

Subject: Extension Request for Certification of Health Care Provider

Dear [Name of Contact Person],

I am writing to formally request an extension of the deadline to submit the "Certification of Health Care Provider for Employee's Serious Health Condition" form. The current deadline for submission is [Original Deadline Date].

I am requesting an extension until [New Requested Date] because [Briefly state reason, e.g., my physician is unavailable for an appointment until next week / there has been a delay in processing the medical records].

I am making every effort to obtain the completed documentation as quickly as possible. I appreciate your understanding and flexibility regarding this matter.

Please let me know if this request is approved or if you require any additional information.

Sincerely,

[Your Signature]

[Your Printed Name]