

[Date]

[Employee Name]
[Employee Address]
[City, State, Zip Code]

Subject: Approval of Leave Extension - Family Member Serious Health Condition

Dear [Employee Name],

We have received your request dated [Date of Request] to extend your current leave of absence to care for your [Family Member Relationship], who is experiencing a serious health condition.

This letter serves as formal notification that your extension request has been approved. Your leave, which was originally scheduled to end on [Original End Date], has now been extended through [New End Date]. We expect you to return to work on [Return to Work Date].

This extension will be designated under the [FMLA / State Law / Company Policy Name]. The time taken will count toward your total annual entitlement of [Number] weeks.

Please note the following regarding your extension:

- **Benefits:** Your health insurance and other benefits will continue under the same conditions as if you were working, provided you continue to pay your portion of the premiums.
- **Updates:** If your circumstances change and you are able to return earlier than expected, or if you require a further extension, please notify [Department/Manager Name] as soon as possible.
- **Documentation:** [Optional: Mention if updated medical certification is required].

If you have any questions regarding your leave or benefits during this time, please contact [Contact Person Name] at [Phone Number/Email].

We wish your family member a steady recovery.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title]
[Company Name]