

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

[Date]

[Doctor's Name]  
[Clinic Name]  
[Clinic Address]

**RE: Request for FMLA Extension Documentation for [Your Full Name]**

Dear [Doctor's Name],

I am writing to formally request an extension of my Family and Medical Leave Act (FMLA) medical certification. I am currently under your care for [mention condition/recovery from surgery].

My current FMLA leave is scheduled to expire on [Current Expiration Date]. However, based on my ongoing symptoms and our recent consultation on [Date of last visit], I do not feel physically able to return to work at full capacity by that date.

Could you please provide an updated medical certification or a letter to my employer, [Company Name], recommending an extension of my leave? Based on our discussion, I am requesting an extension until approximately [Requested New Return Date].

Please include the following in the documentation:

- Verification of my ongoing medical condition.
- The estimated duration of the required extension.
- Any specific work restrictions or accommodations needed if a partial return is possible.

Please let me know if I need to schedule an additional appointment or sign further release forms to complete this paperwork. I would appreciate it if the completed forms could be sent to me via [Email/Mail] or faxed directly to my employer's HR department at [Fax Number].

Thank you for your continued care and assistance with this matter.

Sincerely,

[Your Signature]  
[Your Printed Name]  
[Date of Birth]