

[Your Name]  
[Your Job Title]  
[Your Department/Clinic Name]  
[Date]

To: [Manager's Name or HR Department Name]  
[Clinic Name]  
[Clinic Address]

**Subject: Request for Extension of Family and Medical Leave (FMLA)**

Dear [Name of Supervisor or HR Representative],

I am writing to formally request an extension of my current Family and Medical Leave (FMLA), which was originally scheduled to end on [Original Return Date].

Due to [ongoing medical recovery / continued health circumstances], my healthcare provider has advised that I require additional time away from work. I am requesting to extend my leave until [New Requested Return Date].

Attached to this letter is the updated medical certification from my healthcare provider, which outlines the necessity for this extension and the revised expected date for my return to full duties at the clinic.

I remain committed to my role at [Clinic Name] and will keep you updated should my status change. Please let me know if there are any additional forms or procedures I need to complete regarding this request.

Thank you for your understanding and support during this time.

Sincerely,

[Your Signature]  
[Your Printed Name]  
[Your Phone Number]