

[Your Name]  
[Your Employee ID Number]  
[Your Phone Number]  
[Date]

To: [HR Contact Name / Human Resources Department]  
[Company Name]  
[Company Address]

**Subject: Request for Extension of FMLA Leave**

Dear [HR Contact Name],

I am writing to formally request an extension of my current FMLA leave, which began on [Original Start Date] and was scheduled to end on [Original End Date].

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

Attached to this letter, please find the updated medical certification from my healthcare provider. This documentation includes the anticipated duration of this extension and the medical necessity for my continued absence.

I intend to return to my position as [Your Job Title] on [New Requested Return Date]. I will keep you informed should there be any changes to my recovery timeline as provided by my doctor.

Thank you for your assistance and for processing this request.

Sincerely,

[Your Signature]

[Your Printed Name]