

[Date]

[Employer Name]

[Human Resources Department]

[Company Address]

[City, State, Zip Code]

**RE: Request for Extension of FMLA Leave - [Employee Name]**

Dear [Contact Person or HR Manager Name],

I am writing to formally request an extension of my current medical leave under the Family and Medical Leave Act (FMLA). My current leave period was scheduled to end on **[Original Return Date]**.

Due to my ongoing serious health condition, my medical provider has determined that I require additional recovery time before I can safely return to work and perform my essential job functions. I am requesting that my leave be extended until **[New Expected Return Date]**.

Attached to this letter, please find the updated medical certification provided by my healthcare professional, which outlines the medical necessity for this extension and the revised estimated duration of my treatment.

I intend to return to my position as soon as I am cleared by my physician. I will keep you informed of any changes to my recovery timeline. Please let me know if there are any additional forms or procedures required to process this extension.

Thank you for your understanding and assistance regarding this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Employee ID Number, if applicable]

[Your Phone Number/Email]

Enclosure: Updated Medical Certification