

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

[Date]

[Employer Name]  
[Human Resources Department]  
[Company Name]  
[Company Address]

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

Dear [Recipient Name or Human Resources Department],

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

I am currently undergoing treatment for a serious health condition. Following my most recent medical evaluation on [Date of Evaluation], my healthcare provider has determined that additional recovery time is necessary before I can safely return to my job duties. Based on my provider's recommendation, I am requesting that my leave be extended until [New Requested Return Date].

Attached to this letter, please find the updated medical certification provided by my physician, [Doctor's Name], which outlines the medical necessity for this extension and the updated expected duration of my recovery.

I intend to return to my position as [Your Job Title] as soon as I am medically cleared to do so. I will keep you informed of any changes to my status following my next follow-up appointment on [Date of Next Appointment].

Thank you for your understanding and for processing this extension request. Please let me know if there is any additional documentation or information required.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosure: Updated Medical Certification