

[Current Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Subject: Acknowledgement of Request for FMLA Extension

Dear [Employee Name],

This letter is to acknowledge that we have received your request dated [Date of Request] to extend your current Family and Medical Leave of Absence (FMLA).

Your current leave is scheduled to end on [Original End Date]. You are requesting to extend this leave until [New Requested End Date].

To process this extension, we require updated medical documentation from your healthcare provider. Attached to this letter is the "Certification of Health Care Provider" form. Please have your provider complete this form and return it to the Clinic Administration office by [Deadline Date, typically 15 days].

Once we receive and review the updated certification, we will notify you in writing whether your extension has been approved and provide your updated return-to-work date.

Please note that all FMLA extensions are subject to your remaining balance of the 12-week entitlement within the current 12-month period.

If you have any questions, please contact [Name of Administrator/HR Contact] at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Administrator Name]

[Clinic Name]