

**Date:** [Date]

**To:** [Supervisor Name or HR Department]

**Company Name:** [Company Name]

**Address:** [Company Address]

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

Dear [Name of HR Representative or Supervisor],

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

Due to ongoing medical complications related to my serious health condition, my healthcare provider has advised that I am unable to return to work at this time. I am requesting an extension of my leave until [New Requested Return Date].

I have attached the updated medical certification from my physician, which details the medical necessity for this extension and provides an updated estimate for my recovery timeline.

I understand the importance of my role and will keep you updated if my medical status changes or if I am cleared to return to work sooner than anticipated. Please let me know if there are any additional forms or procedures required to finalize this extension.

Thank you for your understanding and assistance during this time.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Employee ID Number]

[Your Phone Number]