

Your Name

Your Address

City, State, Zip Code

Email Address

Phone Number

Date

Employer's Name

Company's Name

Company's Address

City, State, Zip Code

Dear [Employer's Name],

I am writing to formally request an extension of my medical leave following my recent surgery on [Surgery Date]. As per my doctor's recommendation, I require additional time to recuperate and heal properly.

I am committed to maintaining clear communication during this period and will provide any necessary documentation from my healthcare provider. I appreciate your understanding and support during this time, and I look forward to returning to work as soon as I am physically able.

Thank you for considering my request. Please let me know if you need any further information.

Sincerely,

Your Name