

Request for Further Medical Leave

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request additional medical leave from my position as [Your Job Title] due to ongoing rehabilitation needs following my recent health issues. My current leave expires on [Current Leave End Date], and I find that I require further time off to ensure a full recovery.

My healthcare provider has advised me that continued rehabilitation is essential for my recovery, and I am requesting an extension of my leave until [Requested Leave End Date]. I have attached the relevant documentation from my physician to support my request.

I understand the impact my absence may have on the team and am committed to ensuring a smooth transition during this time. I am happy to assist in handing off my responsibilities or provide any necessary training to my colleagues before my extended leave begins.

Thank you for considering my request. I greatly appreciate your understanding and support during this challenging time. I look forward to your favorable response.

Sincerely,

[Your Name]

[Your Job Title]