

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request an extension of my family leave, which is currently set to expire on [current end date]. Due to [brief explanation of the reason, e.g., ongoing medical condition, care needs, etc.], I believe that an extension of my leave is necessary for [a brief description of the situation, e.g., to provide adequate care, recovery time, etc.].

I have consulted my healthcare provider, who has advised that [insert any relevant medical advice or requirements here, if applicable]. Therefore, I respectfully request an extension of my leave until [new requested end date].

I appreciate your understanding and support during this time. Please let me know if you need any further information or documentation regarding my situation.

Thank you for considering my request. I look forward to your prompt response.

Sincerely,

[Your Name]