

Request for Medical Leave Extension

Date: [Insert Date]

To: [Supervisor's Name]

[Company Name]

[Company Address]

Dear [Supervisor's Name],

I hope this message finds you well. I am writing to formally request an extension of my medical leave. My initial leave was scheduled to end on [Original End Date], but my physician has recommended that I extend my leave due to [briefly explain medical condition, if comfortable].

Therefore, I would like to extend my medical leave until [New Leave End Date]. I will ensure that I remain in communication regarding my progress and will provide any necessary documentation from my healthcare provider.

I appreciate your understanding and support during this time. Please let me know if you have any questions or need further information.

Thank you for your consideration.

Sincerely,

[Your Name]

[Your Job Title]

[Your Contact Information]