

[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 hope this message finds you well. I am writing to formally request an extension of my compassionate medical leave, originally scheduled to end on [original end date]. Due to [brief explanation of the situation], I find that I need additional time to focus on my health and recovery.

My current leave has been invaluable, and I am truly grateful for the support I have received from the company during this challenging time. After consulting with my healthcare provider, I believe that an extension of [number of weeks/days] would greatly benefit my recovery process.

I am more than willing to assist in any transition during my absence and can provide any necessary documentation from my healthcare professional if required. Please let me know if there are forms or procedures I should complete to facilitate this request.

Thank you for considering my situation. I look forward to your understanding and support.

Sincerely,

[Your Name]