

Medical Leave Extension Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Manager's Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Manager's Name],

I am writing to formally request an extension of my medical leave due to ongoing health issues. My current leave is set to end on [original end date], but my doctor has advised me that I require additional time to recover fully.

As per my doctor's recommendation, I would like to request an extension of my leave until [new requested end date]. I have attached a medical certificate to support my request.

I appreciate your understanding and support during this time and assure you that I will make every effort to ensure a smooth transition upon my return.

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

Sincerely,

[Your Name]