

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request an extension of my medical leave due to my ongoing health issues. As you are aware, I have been facing a serious illness that has made it challenging for me to return to work at this time.

My current medical leave is set to expire on [current leave end date], and my physician has advised me to take additional time to focus on my recovery. I kindly request an extension of my leave until [new requested end date].

I understand the importance of my responsibilities at work and assure you that I am committed to my position. I will keep you updated on my progress and provide any necessary medical documentation to support my request.

Thank you for your understanding and support during this difficult time. I appreciate your consideration of my request and look forward to returning to my duties as soon as I am able.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Job Title]