

# Medical Leave Extension Application

Date: [Insert Date]

To,

[Manager's Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Manager's Name],

I hope this message finds you well. I am writing to formally request an extension of my medical leave which was originally scheduled to end on [Original End Date]. Due to [brief explanation of medical condition], I have been advised by my physician to extend my leave for an additional [number of weeks/days].

I have attached a medical certificate from my doctor confirming my condition and need for an extended leave. I understand the importance of my responsibilities at [Company Name] and will ensure a smooth handover of my work prior to my extended leave.

Thank you for considering my request. I appreciate your understanding and support during this time. I look forward to your response.

Sincerely,

[Your Name]

[Your Job Title]

[Your Contact Information]