

Medical Leave Extension Letter

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Employer's Name]

[Company Name]

[Company Address]

[City, State, ZIP Code]

Dear [Employer's Name],

I hope this letter finds you well. I am writing to formally request an extension of my medical leave, which was initially granted from [Start Date] to [End Date], due to unforeseen complications in my medical condition.

My treating physician, Dr. [Physician's Name], has advised me that my recovery process has been slower than anticipated and requires further medical attention and monitoring. As a result, I am unable to resume my duties as originally planned. I am providing you with this notice well in advance to ensure that proper arrangements can be made to cover my responsibilities during this extended period.

I understand the importance of maintaining the smooth operation of [Company Name] and I assure you that I am committed to ensuring a seamless transition during my absence. I am willing to assist in any way possible to help delegate my tasks and responsibilities to other team members, as well as provide any necessary training or documentation to ensure a smooth workflow during my extended medical leave.

I understand that this extension may impact the team's operations, and I sincerely apologize for any

inconvenience this may cause. I assure you that I am doing everything in my power to recover as quickly as possible and return to work in a condition where I can contribute effectively to the team. I kindly request your understanding and support during this challenging time. I will continue to keep you updated on my progress and any changes in my anticipated return date. Please feel free to contact me via email or phone should you need any additional information or if there are any further discussions needed regarding my medical leave extension.

Thank you for your consideration and for accommodating my request. I look forward to resuming my duties as soon as my health allows.

Sincerely,

[Your Name]

[Employee ID, if applicable]

[Enclosures: Medical Certificate, Doctor's Note, or any other relevant documents]