

Formal FMLA extension request

Subject: FMLA Medical Leave Extension Request - [Employee ID]

To Whom It May Concern:

I am formally requesting an extension of my Family and Medical Leave Act (FMLA) protected leave, which is currently set to expire on [date]. This request is being made in accordance with company policy and federal FMLA regulations.

My qualifying serious health condition requires additional medical treatment and recovery time beyond the originally approved leave period. I am requesting an extension of [number] weeks, extending my leave through [new end date].

Enclosed please find:

- Updated medical certification (Form WH-380-E)
- Physician's statement regarding continued need for leave
- Any required company-specific forms

I understand that this extension may exhaust my available FMLA leave for the 12-month period.

Please advise me of my remaining FMLA entitlement and any applicable company policies regarding extended medical leave beyond FMLA protection.

I am committed to providing all necessary documentation and maintaining communication throughout this extended leave period.

Respectfully submitted,

[Your Name]

[Employee ID Number]

[Department]

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