

Instruction: This is a model letter. Adapt to fit your facts and circumstances.

Return address:
Name
Address Line 1
Address Line 2
City, State Zip Code

Date

Name
Company
Address Line
City, State Zip Code

Re: Request for Extension on Leave of Absence

Dear :

I am requesting an extension on my leave of absence. The chemotherapy treatments are taking longer than expected and under the direction of my physician, I must refrain from any strenuous activity for approximately 6 months. I have enclosed my physician's recommendation as proof of my necessity to extend my leave of absence.

If you are in need of more information concerning this matter, please do not hesitate to contact me.

Sincerely,

N A M E