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Department Supervier Supervier I understand that a request for an extension of my leave of absence must be received at least one month prior to the expiration or original leave of absence. Medical certication is necessary for return to work if the leave request is for employee's health condition or an extension of my leave of absence during the period: From (date) To (date) Reason for extension: T I have exhausted or do not qualify for FMLA. T	Employee name Department		ID number	
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