som\_currentexportedda

som\_contactname

address1\_line1

address1\_city, address1\_stateorprovince address1\_postalcode

Re: Employee ID#: som\_eid

Dear fullname:

You have been absent without authorization since som\_absentwithoutauthorizationdate when you failed to report to work or adequately report your absence.

You must immediately contact our office and provide adequate documentation to justify your absence from work. Failure on your part to do so by **[Enter Date]** will result in you being separated from state service for unauthorized absence.

You may contact me via telephone at address1\_telephone1. For your convenience, any medical documentation must be faxed from your medical provider to 517-241-6898.

Sincerely,

owneridname

Disability Management Office

cc: som\_supervisorname, Supervisor