som\_currentexporteddate

som\_contactname

address1\_line1

address1\_city, address1\_stateorprovince address1\_postalcode

|  |  |  |
| --- | --- | --- |
| Re: Employee ID#: som\_eid | Leave type: | **Denial/FMLA Intermittent Leave** |
|  |  | **som\_leavetype** |

Dear fullname:

Your intermittent request has been denied under the Family and Medical Leave Act (FMLA) for the following reason:

**som\_leavedenialreason1name**

**som\_leavedenialreason2name**

Any absences related to this leave request will not be protected under the FMLA. Civil Service Rule or collective bargaining agreements have no provision for intermittent leave.

If you have any questions regarding this determination, your rights and responsibilities or options, please contact the DMO at 877-443-6362, Option 2.

Sincerely,

owneridname

Disability Management Office

cc: som\_supervisorname, Supervisor