som\_currentexporteddate

som\_contactname

address1\_line1

address1\_city, address1\_stateorprovince address1\_postalcode

|  |  |  |
| --- | --- | --- |
| Re: Employee ID#: som\_eid | Leave type: | **Denial/Non-qualifying leave** |
|  |  | **som\_leavetype** |

Dear fullname:

Your leave of absence request has been denied under the Family and Medical Leave Act (FMLA) and the applicable Civil Service Rule or collective bargaining agreement for the following reason(s):

**som\_leavedenialreason1name**

**som\_leavedenialreason2name**

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