som\_currentexporteddate

som\_contactname

address1\_line1

address1\_city, address1\_stateorprovince address1\_postalcode

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

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\_leavedenialreason1**

**som\_leavedenialreason2**

You must return by som\_estimatedrtwdate , or you will be

If you will be returning to work by the above date, you must provide a medical release stating your fitness for full duty work if you have been hospitalized or off work five or more consecutive days.

Submit documentation to:

DMO  
P.O. Box 30002  
Lansing, Michigan 48909  
Fax 517-241-9926  
\*Email: [MCSC-DMO@michigan.gov](mailto:MCSC-DMO-Inquiries@michigan.gov)

*\*By choosing to email documentation, you accept the risks that unencrypted messages and any attachments can be intercepted, read, and copied by persons other than the intended recipient.*

**If your leave request was to care for a family member, no medical release is required.**

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