som\_currentexportedda

som\_contactname

address1\_line1

address1\_city, address1\_stateorprovince address1\_postalcode

Re: Employee ID#: som\_eid **FMLA Eligibility Notice - Ineligible**

Dear fullname:

Disability Management was notified on som\_createdondateonly of your need for time away from work. This letter is to provide you with information on your Family Medical Leave Act (FMLA) entitlement.

According to our records you appear ineligible for leave under the FMLA for the following reason:

**som\_leavedenialreason1name**

**som\_leavedenialreason2name**

Although you are not eligible for a continuous and/or intermittent leave under the FMLA, you may be eligible for another continuous leave type under civil service rules or regulations or a collective bargaining agreement.

To request a continuous leave, the following must be received within seven days from the date of this letter:

**Sufficient certification to support your need for a non-FMLA leave of absence. The enclosed certification** **form must be returned.**

**Sufficient documentation to establish the required relationship between you and your relative.**

**Application for Leave of Absence.**

**No additional information is requested.**

Other information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If sufficient information is not provided timely your leave request may be closed or denied.**

Documentation submitted will be reviewed and you will be notified of whether leave is approved within five business days after receiving the requested documentation.

Documents may be submitted to one of the following:

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

*\*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.*

Continue to follow your call-in procedure if you are not on an approved leave of absence. If you have any questions regarding this determination or about the certifications or forms that you must provide, please contact Disability Management.

Sincerely,

owneridname  
Disability Management  
**877-443-6362, Option 2**