som\_currentexportedda

som\_contactname

address1\_line1 address1\_line2

address1\_city, address1\_stateorprovince address1\_postalcode

|  |  |  |
| --- | --- | --- |
| Re: Employee ID#: som\_eid | Leave type: | som\_leavetype |
|  |  |  |

Dear fullname:

The Disability Management Office (DMO) is unable to approve your leave of som\_leavetype.

The listed below **and must b**e received by the DMO by **[Enter date]**.

Type of documentation or form:

**[Enter details of incomplete/insufficient information or space over for blank line]**

Until your leave is approved by the DMO or you have returned to work, you must:

* Continue to call in daily in accordance with your department’s call-in procedures.
* Notify your supervisor on use of your leave credits pending this leave approval.
* Notify your supervisor of your expected return-to-work date.

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.*

We understand that this may be a stressful or demanding time, however, it is important that you provide documentation in a timely manner or you may be considered absent without leave and subject to discipline, up to and including separation, for an unauthorized leave of absence.

If you have any questions regarding this determination, your rights and responsibilities, or any certifications or forms that you must still provide, contact the DMO at 877-443-6362, Option 2.

Sincerely,

owneridname

Disability Management Office

cc: som\_supervisorname, Supervisor