som\_currentexporteddate

som\_contactname

address1\_line1

address1\_city, address1\_stateorprovince address1\_postalcode

|  |  |  |  |
| --- | --- | --- | --- |
| Re: Employee ID#: som\_eid | Leave type: | | **Insufficient Medical Documentation Extension** |
|  | |  |  |

Dear fullname:

The Disability Management Office (DMO) is unable to approve your leave of absence . The listed below **and must be** provided by **[Enter date]** so that your can be processed.

Type of documentation or form:

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

You must submit updated documentation to the Disability Management Office (DMO) by **[Enter date]**.

Submit documentation to:

DMO

P.O. Box 30002

Lansing, Michigan 48909

Fax 517-241-9926

\*Email: [MCSC-DMO@michigan.gov](mailto:MCSC-DMO@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