som\_currentexporteddate

som\_contactname

address1\_line1

address1\_city, address1\_stateorprovince address1\_postalcode

|  |  |  |  |
| --- | --- | --- | --- |
| Re: Employee ID#: som\_eid | Leave type: | | **LoA - Maternity Leave - Non FMLA - Approval Congratulations** |
|  | |  |  |

Dear fullname:

Congratulations on the new addition to your family!

Your request for a Maternity Leave is approved under the applicable Civil Service Rule or collective bargaining agreement.

Key dates regarding your leave are listed below:

som\_estimateddeliveryduedate

som\_leavestartdate

som\_estimatedrtwdate

Your requested leave does not meet the requirement for FMLA due to the following reason:

* **som\_leavedenialreason1**

After the delivery of your child:

* Leave may continue through six weeks for vaginal delivery or eight weeks for caesarean section.

If you haven’t already:

* Submit documentation to the Disability Management Office (DMO) to confirm your delivery date and the type of delivery. (*Verification of Delivery* form or statement on the health care provider’s letterhead/Rx pad).
* To add a child to your health and insurance benefits, you must contact the MI HR Service Center at 877-766-6447 (Option 1) and provide supporting documentation within 31 days of delivery.

You have requested that your leave credits be used as follows:

|  |  |  |
| --- | --- | --- |
| **Leave credits** | **Use all/Freeze all/Only Freeze This Amount/No Credits** | **amount to freeze** |
| Annual Leave | som\_annualleavecreditusage | som\_annualleavefreezeamount |
| Banked Leave | som\_bankedleavecreditusage | som\_bankedleavefreezeamount |
| Deferred Hours | som\_deferredhourscreditusage | som\_deferredhousesfreezeamount |
| Comp Time | som\_comptimecreditusage | som\_comptimefreezeamount |
| Sick Leave | som\_sickleavecreditusage | som\_sickleavefreezeamount |
| Other: | som\_othercreditusage | som\_otheramountleavefreezeamount |

If you exhaust your sick leave credits and are not using other leave credits, you will be taken off payroll.

To return to work, with or without restrictions, you must submit a statement from your treating physician. The statement must be received five days before the leave end date and must be signed and dated by the physician within 14 days of the return date.

* Returning to work without restriction statements must indicate the day you are released to return to work full duty, without restrictions.
* Returning to work with restriction statements must indicate the physical limitations and the duration.
  + The DMO will work with you and your agency to evaluate if your essential job functions are compatible with any work restrictions.
  + Restrictions must be approved before returning to work.

You must contact the DMO on your first day back to work to update your status and ensure timely processing of your first paycheck.

If a physician statement is not received by the DMO before your leave expires, you may be considered absent without leave and subject to discipline, up to and including separation, for an unauthorized leave of absence.

To apply for a parental leave after your maternity leave:

* Complete the enclosed leave application and return it to the DMO at least five days before your leave expires or apply online at [www.michigan.gov/dmoleaveapp](http://www.michigan.gov/dmoleaveapp).
* Submit a doctor’s release statement to the DMO before starting your parental leave.
* Non-FMLA Parental Leave is unpaid.

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