som\_currentexporteddate

som\_contactname

address1\_line1

address1\_city, address1\_stateorprovince address1\_postalcode

|  |  |  |  |
| --- | --- | --- | --- |
| Re: Employee ID#: som\_eid | Leave type: | | **Non-FMLA Maternity Leave – Approval Prior to PPL** |
|  | |  |  |

Dear fullname:

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

Key dates regarding your leave are listed below:

Maternity Leave Start Date: som\_leavestartdate

Estimated Maternity Leave End Date: som\_leaveenddate

Estimated Due Date: som\_estimateddeliveryduedate

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

* **som\_leavedenialreason1**

After the delivery of your child:

* Contact the Disability Management Office (DMO) as soon as possible to provide the actual date of birth to ensure accurate timekeeping and to confirm eligibility for Paid Parental Leave (PPL).
* Submit a copy of the child’s birth certificate within 31 days of the birth to the DMO.
* To add a child to your health insurance benefits, you must contact the MI HR Service Center at 877-766-6447 (Option 1) within 31 days of the 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. This must be received prior to your return to work.

* 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.

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