som\_currentexporteddate

som\_contactname

address1\_line1

address1\_city, address1\_stateorprovince address1\_postalcode

|  |  |  |  |
| --- | --- | --- | --- |
| Re: Employee ID#: som\_eid | Leave type: | | **LoA – Medical Leave - FMLA** |
|  | |  |  |

Dear fullname:

Your request for an FMLA Medical Leave is approved. Your FMLA entitlement will run concurrently with your leave of absence until your entitlement is exhausted

|  |  |  |
| --- | --- | --- |
| Leave Start Date: | Leave End Date: | Return-to-Work Date: |
| som\_leavestartdate | som\_leaveenddate | som\_estimatedrtwdate |

If your anticipated leave schedule does not change, som\_fmlahours hours will count against your FMLA entitlement.

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. The State of Michigan (SOM) will continue to pay its share of your insurance during your FMLA approved leave. If you are not using paid leave credits during your FMLA approved leave, the employee share owed by you will be recovered from payroll upon your return to work.

You will be required to furnish an updated physician’s statement relating to your serious health condition every six months up to the expiration of your leave end date.

To return to work, with or without restrictions or to extend your leave, 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.
* Extension of leave statements must indicate the reason for the extension and the new return to work date.
  + It is your responsibility to inform your supervisor of your new return to work date.

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

If a treating 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.

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

**State of Michigan**

**Disability Management Office (DMO)**

**FMLA**

|  |  |
| --- | --- |
| TIMEKEEPING **FMLA** | Enter the following Leave Type in SIGMA to record your absence.   * FMSL - sick leave * FMAL - annual leave * FMLA - unpaid leave * FMBL - banked leave * FMCM – comp time * FMHL – holiday time |
| **LONG TERM DISABILITY** (LTD) | If enrolled in LTD, you must contact Sedgwick at 800-324-9901 to initiate a claim within two weeks of exhausting your sick leave.  If you are approved for LTD wage replacement benefits you could be eligible for the LTD Health Insurance Rider which will pay for your share of premiums to continue health insurance for up to the first 6 months of disability. You must fill out the Application to Continue Insurances CS-1820 (see below) to activate this rider. |
| Continuation of Insurances - COBRA | If eligible, an Application to Continue Insurances (CS-1820) will be mailed to you. This must be returned to Employee Benefits Division (EBD) or your insurances will not be continued after you leave payroll and your FMLA leave expires. |
| State Sponsored Insurance Premiums | The State of Michigan (SOM) will continue to pay its share of your insurance during your FMLA leave. If you are not using paid leave credits (or the LTD Rider) during your FMLA leave, the employee share owed by you will be recovered from payroll upon your return to work. The Employee Benefits Division (EBD) will enter these adjustments when your return to work has been processed by your disability office. If the amount to be recovered is greater than $100, you will receive an email from [MCSC-EBD@michigan.gov](mailto:MCSC-EBD@michigan.gov) advising you of the amount to be recouped. It may be necessary to process the recovery over more than one pay period. |
| PAYROLL DEDUCTIONS | You are responsible for payment arrangements on any other payroll deductions that remain active while on unpaid leave (Friend of the Court, 401k loans, garnishments, levies, etc.). |
| **MAIL, FAX or \*EMAIL**  **DOCUMENTATION** | Disability Management Office  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. |
| **ADDITIONAL**  **INFORMATION** | Visit the DMO website at [www.michigan.gov/dmo](http://www.michigan.gov/dmo) for additional information, forms, and FAQs. |