som\_currentexporteddate

som\_contactname

address1\_line1

address1\_city, address1\_stateorprovince address1\_postalcode

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

Dear fullname:

Your request for medical leave of absence has been approved under the applicable Civil Service Rule or collective bargaining agreement.

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

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

**som\_leavedenialreason1**

Per your application 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 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 reasons 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)**

**Non-FMLA**

|  |  |
| --- | --- |
| TIMEKEEPING | Enter the following Leave Type in SIGMA to record your absence.   * SKLV - sick leave * ANLV - annual leave * BLTU - banked leave * CMPU – comp time * HOL1/HOL2/HOL3 – holiday time (defined by shift) * ZERO – unpaid (contractual entitlement) |
| 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. |
| 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.). |
| **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. |
| **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. |

3/23/2023