som\_currentexporteddate

som\_contactname

address1\_line1

address1\_city, address1\_stateorprovince address1\_postalcode

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

Dear fullname:

Your medical leave of absence extension is approved under the applicable Civil Service Rule or collective bargaining agreement. Your new return-to-work date is som\_estimatedrtwdate.

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.

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.*

If you have any questions regarding this determination or your rights and responsibilities, please contact the DMO at 877-443-6362, Option 2.

Sincerely,

owneridname

Disability Management Office

cc: som\_supervisorname, Supervisor