som\_currentexportedda

fullname

address1\_line1 address1\_line2

address1\_city, address3\_stateorprovince address3\_postalcode

Re: Employee ID#:  som\_employeenumber **Medical Options Letter**

Sent Via: Certified and US Mail

Dear fullname:

This is to notify you that your leave entitlement under the Family and Medical Leave Act (FMLA), Civil Service Rule or collective bargaining agreement on som\_leaveenddate.

Records indicate the following leave entitlement status:

* entitlement exhaust date - som\_unionorcsentitlementexhaustiondate
* FMLA entitlement exhaust date - som\_fmlaexhaustdate

If you can return to work by **som\_estimatedrtwdate**, you must provide a physician statement indicating your ability to return to work, with or without restrictions, five days before your return.

* 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 leave status and to ensure timely processing of your first paycheck.

**Any request for a reasonable accommodation for a disability should be directed to your agency’s reasonable accommodation coordinator as soon as possible. If you cannot return to work by som\_estimatedrtwdate, have not been granted additional leave, and do not have a pending accommodation request affecting leave, you must select an option on page 3 and return the form to the DMO.. Failure to designate an option and return the form by som\_estimatedrtwdate will be treated as a voluntary resignation and you will be separated from state employment effective som\_estimatedrtwdate.**

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 about this determination, your rights and responsibilities, reasonable accommodation, or any certifications or forms that you must still provide, please contact the DMO at 877-443-6362, Option 2.

Sincerely,

owninguser

Disability Management Office

cc: som\_supervisorname, Supervisor

**Civil Service Commission**

**Disability Management Office**

**Options Designation Form**

**If you cannot return to work on [Return\_Date] with or without reasonable accommodation, have not been granted additional leave, and do not have a pending accommodation request affecting leave, you must select one of the following options and return this form to the DMO. Failure to designate an option and return this form will be treated as a voluntary resignation and you will be separated from state employment effective som\_estimatedrtwdate.**

**Check one of the options below:**

**Waived Rights Leave of Absence**

An employee who terminates state employment may be granted a waived rights leave of absence by the appointing authority of up to one year to protect the employee's continuous service, seniority, and benefits connected with length of service. Your department’s Human Resources Office must approve and process a waived rights leave. Please contact them for further information.

**Retirement Options** (Regular/Deferred/Disability Retirement)

To pursue your retirement options, please contact the Office of Retirement Services at  
517-284-4400 or 800-381-5111.

If you are going to apply for a non-duty disability retirement and are in the Defined Contribution (DC) Plan you must have a minimum of 10 years of credited service. You must apply before your termination of employment and within one year of being totally incapacitated.

**Resignation**

I will resign from state employment effective **som\_estimatedrtwdate**.

**Employee Name:** **fullname**

**Employee ID #: som\_employeenumber**

Employee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Submit documentation to:

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Lansing, Michigan 48909  
Fax 517-241-9926  
\*Email: [MCSC-DMO @michigan.gov](mailto:MCSC-DMO-Inquiries@michigan.gov)

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