som\_currentexportedda

som\_contactname

address1\_line1 address1\_line2

address1\_city, address1\_stateorprovince address1\_postalcode

|  |  |  |
| --- | --- | --- |
| Re: Employee ID#: som\_eid |  |  |
|  |  |  |

Dear fullname:

The Disability Management Office (DMO) recently became aware that you had taken som\_leavetype. Please be advised that this leave is approved and that, if eligible, your FMLA entitlement ran concurrently with your leave of absence.

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

som\_fmlahours hours will count against your FMLA entitlement.

You had 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 haven’t already done so, a physician statement permitting you to return to work with or without restrictions must be submitted to the DMO. Note: Your Physician Statement status is: **som\_physicianstatement**

* 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.
* If restrictions are not approved and you have remaining entitlement, you will be returned to leave status until your restrictions can be met, your entitlement exhausts, or you are released to full duty.

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, 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