som\_currentexporteddate

som\_contactname

address1\_line1

address1\_city, address1\_stateorprovince address1\_postalcode

|  |  |  |  |
| --- | --- | --- | --- |
| Re: Employee ID#: som\_eid | Leave type: | | **Family Care and Parental care**  **Options Letter** |
|  | |  |  |

Dear fullname:

This is to notify you that your leave entitlement som\_leavetype will End on som\_leaveenddate.

Records indicate the following leave entitlement status:

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

You must return to work by **som\_estimatedrtwdate.** On your first day back to work you must contact the DMO to update your leave status and to ensure timely processing of your first paycheck.

**If you cannot return to work by som\_estimatedrtwdate , you must select an option on page 2 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 regarding this determination, your rights and responsibilities, or any certifications or forms that you must still provide, please contact the DMO at 877-443-6362, Option 2.

Sincerely,

owneridname

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], you must select one of the following options and return this form to the DMO. Failure to designate an option or return this form will be treated as a voluntary resignation and you will be separated from state employment effective [Return\_Date].**

**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 **[Return\_Date]**.

**Employee Name:** som\_contactname

**Employee ID #:** som\_eid

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

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)

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