som\_currentexporteddate

som\_contactname

address1\_line1

address1\_city, address1\_stateorprovince address1\_postalcode

|  |  |  |  |
| --- | --- | --- | --- |
| Re: Employee ID#: som\_eid | Leave type: | | **Paid** **Parental Leave Denial** |
|  | |  |  |

Your leave of absence request has been denied under the applicable Civil Service Rule or collective bargaining agreement for the following reason(s):

**som\_leavedenialreason1**

**som\_leavedenialreason2**

You must contact the DMO at 877-443-6362, Option 2 to discuss other leave of absence options. Failure to contact the DMO & provide supporting documentation for another leave type may result in you being considered absent without leave and subject to discipline including separation.

When you return to work, you must provide a medical release stating your fitness for full duty work.

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 options, please contact the DMO at 877-443-6362, Option 2.

Sincerely,

owneridname

Disability Management Office

cc: som\_supervisorname, Supervisor