som\_currentexporteddate

som\_contactname

address1\_line1

address1\_city, address1\_stateorprovince address1\_postalcode

|  |  |  |  |
| --- | --- | --- | --- |
| Re: Employee ID#: som\_eid | Leave type: | | **Restriction documentation incomplete** |
|  | |  |  |

Your request to return to work on som\_estimatedrtwdatewith restrictions is not approved at this time.

The following must be clarified and resubmitted to the Disability Management Office (DMO) by [Enter Date]:

**[Enter details of incomplete or insufficient information]**

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.

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 the revised medical documentation is not received, you may be considered absent without leave and subject to discipline, up to and including separation, for an unauthorized leave of absence.

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