som\_currentexporteddate

som\_contactname

address1\_line1

address1\_city, address1\_stateorprovince address1\_postalcode

Re: Employee ID#: som\_eid **Restrictions approved**

Dear fullname:

The following restrictions have been **som\_requestapprovaltype** and you are authorized to **som\_restrictionsauthorization** effective **som\_restrictionseffectivedate**:

**som\_approvedrestrictionsdetails**

Your restrictions will end on **som\_restrictionsenddate**. If unable to resume full duty, you must submit a new statement from your physician indicating the physical limitations and the duration of the restrictions. The Disability Management Office (DMO) will work with you and your agency to determine if your essential job functions are compatible with any work restrictions.

If no additional medical is received prior to restriction end date, you will be expected to perform all normal work duties.

Submit documentation to: DMO  
P.O. Box 30002  
Lansing, Michigan 48909  
Fax 517-241-9926  
\*Email: [MCSC-DMO-Inquiries@michigan.gov](mailto:MCSC-DMO-Inquiries@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 or your rights and responsibilities, please contact the DMO at 877-443-6362, Option 2.

Sincerely,

owneridname  
Disability Management Office

cc: som\_supervisorname, Supervisor