som\_currentexporteddate

fullname

address1\_line1 address1\_line2

address1\_city, address1\_stateorprovince address1\_postalcode

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

Dear fullname:

Your request for the following restrictions cannot be accommodated:

**som\_deniedrestrictionsdetails**

Your new return to work date is som\_estimatedrtwdate. If you are able to resume full duty prior to or on this date, you must submit a return to work statement from your physician.

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 or your rights and responsibilities, please contact the DMO at 877-443-6362, Option 2.

Sincerely,

owneridname

Disability Management Office

cc: som\_supervisorname, Supervisor