som\_currentexporteddate

som\_contactname

address1\_line1

address1\_city, address1\_stateorprovince address1\_postalcode

|  |  |  |  |
| --- | --- | --- | --- |
| Re: Employee ID#: som\_eid | Leave type: | | **Seasonal Layoff**  **som\_leavetype Leave** |
|  | |  |  |

Dear fullname:

The Disability Management Office (DMO) has been notified that you have been placed on Seasonal Layoff by the Department of Environmental Quality/ Natural Resources/Agriculture.

At the time of your layoff, you were out on an approved **som\_leavetype** leave of absence.

This notice is to inform you that upon your return to work, you will need to submit to your HR Office, documentation from your treating physician stating that you may resume your position full-duty without restrictions.

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