som\_currentexporteddate

fullname

address1\_line1

address1\_line2

address1\_city, address1\_stateorprovince address1\_postalcode

Re: Employee ID#: som\_eid Leave type: **Workers’ Compensation**

**Dispute**

Dear fullname:

The Disability Management Office (DMO) has been notified by Sedgwick (the State’s workers’ compensation administrator) that a notice of dispute has been issued on your workers’ compensation (WC) claim. Sedgwick will send you a written “Notice of Dispute”.

Absences that occur due to this injury or illness may not be covered under the workers’ compensation benefit.

All work restrictions must be pre-approved by the DMO. If you are returning to work, you must submit a doctor’s release statement to DMO prior to your return stating that you are fit for full duty.

If you feel ,you may be eligible for a medical leave of absence under Civil Service Rules or your collective bargaining agreement. To apply for a medical leave of absence contact the DMO at 877-443-6362 to request an application.

Until your leave is approved by the DMO:

* You must continue to call in daily in accordance with your department’s call-in procedures.
* Notify your supervisor on use of your leave credits pending this leave approval.
* Notify your supervisor of your expected return-to-work date.
* If enrolled in LTD contact Sedgwick at 800-324-9901 to apply for benefits.

If you have any questions regarding your workers’ compensation claim, please contact the DMO at 877-443-6362, Option 2.

Sincerely,

name

Disability Management Office

cc: som\_supervisorname, Supervisor

som\_agencyname, Dept. HR