som\_currentexported

fullname

address1\_line1

address1\_line2

address1\_city, address1\_stateorprovince address1\_postalcode

Re: Employee ID#:  employeeid  **Workers’ Compensation**

**Permanent, Lifetime or Long-term restrictions**

Sent Via: Certified and US Mail

Dear fullname:

This is to inform you that the supplemental payment you are receiving from the State of Michigan, under the Civil Service Rule (5-3.9), will end on **som\_supplementalpaymentenddate.**

This letter does not address the portion of your workers’ compensation payment that you are currently receiving from Sedgwick (the State’s workers’ compensation administrator). Sedgwick will communicate any changes in weekly workers’ compensation benefits directly to you.

If you are able to return to work on **som\_returntoworkdate** you must submit, to the Disability Management Office (DMO), a statement from your treating physician stating that you are able to return to work. Any restrictions must be approved by the DMO before your return.

If you are not medically released to return to work on **som\_returntoworkdate you must select an option on page 2 and return the form to the DMO by som\_returntoworkdate. If you fail to designate an option or return the form you will be considered as having voluntarily resigned effective som\_returntoworkdate**.

Employees enrolled in Long-Term Disability (LTD) insurance are encouraged to contact Sedgwick at 800-324-9901 to determine if you are eligible for a supplemental LTD benefit or health insurance premium coverage.

If you have any questions regarding this letter, contact the DMO at 877-443-6362, Option 2.

Sincerely,

name

Disability Management Office

cc: som\_supervisor, Supervisor

som\_agencyname, Dept. HR

som\_rac, ADA Coordinator

**Civil Service Commission**

**Disability Management Office**

**Workers’ Compensation**

***Options Designation Form with no Contractual Entitlement***

**If you cannot return to work on som\_returntoworkdate, you must select one of the following options and return this form to the DMO.**

**Check one of the options below:**

**Leave Credits (Extended Use of Leave Credits)**

Our records indicate that you have leave credits available to cover a medical leave of absence. Designate your use of leave credits and return this form prior to the return to work date of **som\_returntoworkdate**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Leave credits** | **Current Balance** | **Use all** | **Freeze all** | **amount to freeze** |
| Annual Leave | [# of hrs or N/A] |  |  |  |
| Banked Leave | [# of hrs or N/A] |  |  |  |
| Deferred Hours | [# of hrs or N/A] |  |  |  |
| Comp Time | [# of hrs or N/A] |  |  |  |
| Sick Leave  (must be exhausted) | [# of hrs or N/A] | USE ALL | N/A | N/A |

**Waived Rights Leave of Absence**

An employee who terminates state employment may be granted a waived rights leave of absence by the appointing authority of up to one year to protect the employee's continuous service, seniority, and benefits connected with length of service. Your department’s Human Resources Office must approve and process a waived rights leave. Please contact them for further information.

**Retirement Options** (Regular/Deferred/Disability Retirement)

* Apply for Duty-Disability Retirement by contacting the Office of Retirement Services (ORS) at 517-284-4400 OR 800-381-5111.
* Contact the Social Security office to determine if you qualify for Social Security Disability Benefits.

**Resignation**

I will resign from state employment effective som\_returntoworkdate.

**Employee Name:** **fullname**

**Employee ID #: employeeid**

Employee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Submit documentation to: DMO

P.O. Box 30002

Lansing, Michigan 48909

Fax 517-241-9926

\*Email: [MCSC-DMO@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.*