som\_currentexporteddate

som\_contactname

address1\_line1

address1\_city, address1\_stateorprovince , address1\_postalcode

|  |  |  |  |
| --- | --- | --- | --- |
| Re: Employee ID#: som\_eid | Leave type: | | **Workers’ Compensation**  **Return to Work - Restrictions** |
|  | |  |  |

Date of Injury : som\_dateinjurywasreported

Return to work : som\_returntoworkdate

Dear fullname :

The Disability Management Office (DMO) has received notification that you are authorized to return to work with the following restrictions:

som\_approvedrestrictionsdetails

Your facility is able to accommodate these restrictions and you to work on som\_returntoworkdate. Any absences related to this claim after som\_returntoworkdate. will not be compensated.

When your restrictions end, and before returning to full duty, you must submit a statement from your physician. The medical statement must include, in writing, the date you can return and that you ‘*may return to full duty or without restrictions*’.

If you require an extension to these restrictions, a physician’s statement with a revised end date or follow up evaluation date must be received and approved by the DMO before your current restriction ends.

It is important to provide appropriate documentation in a timely manner. Delays may result in your being unable to return to work and require the use of your own leave credits until proper documentation is received, reviewed and approved.

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.*

The DMO wishes you a quick and full recovery if you have any questions regarding your workers’ compensation claim, please contact the DMO at 877-443-6362, Option 2.

Wishing you the best of health.

Sincerely,

owneridname

Disability Management Office

cc: som\_supervisorname, Supervisor