

Disability Management Office (DMO)

State of Michigan

Phone: 877-443-6362, option 2

MEDICAL LEAVE EXTENSION

To be completed by employee:

Patient/Employee name:	Employee ID#:	Date of birth:

The below information is required for our employee to extend their current medical leave of absence.

To be completed by health care provider:

Patient's new estimated return to work date:	(provide date)
Provide a diagnosis and/or any medical facts, symptoms, regimen of treatment, related to patient's condition.	

Health care provider name and business address:

Name:	
Address:	
Type of practice/medical specialty:	
Phone number:	
Fax number:	

Signature of health care provider:	
Date:	

Return completed form to:

Fax: 517-284-9951

Email: MCSC-DMO@michigan.gov