

Risk Management
56 S. Lincolns Street
Stockton, CA 95203
(209)933-7110
E-FAX (209) 933-6526

PREGNANCY WORKSHEET

NAME _____

ADDRESS _____

PHONE # _____

ID# _____

JOB TITLE _____

WORK SITE _____

SUPERVISOR/MANAGER _____

PREGNANCY INFO:

- PREGNANCY DUE DATE _____
- SCHEDULED C-SECTION DATE _____

LAST DAY WORKED OR ESTIMATED LAST DAY WORKED _____

ESTIMATED RETURN TO WORK DATE _____
(6 WEEKS FOR A VAGINAL DELIVERY/8 WEEKS FOR C-SECTION)

MEMBER OF CATASTROPHIC LEAVE BANK YES _____ NO _____

INDIVIDUAL DISABILITY PLAN THROUGH _____

NOTES:
