

Risk Management
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DISABILITY WORKSHEET

NAME _____

ADDRESS _____

PHONE # _____

ID# _____

JOB TITLE _____ WORK SCHEDULE _____

WORK SITE _____

SUPERVISOR/MANAGER _____

WORK SCHEDULE (10/11 MONTH OR 12 MONT) _____

REASON FOR DISABILITY (CIRCLE ONE)

- PREGNANCY
DUE DATE _____ NORMAL OR C-SECTION _____
- PERSONAL SURGERY
DATE OF SURGERY _____
- ON THE JOB INJURY
DATE OF INJURY _____
- OTHER, PLEASE EXPLAIN _____
- IS THIS A NEW CONDITION YES _____ NO _____

LAST DAY WORKED OR ESTIMATED LAST DAY WORKED _____

ESTIMATED RETURN TO WORK DATE _____

MEMBER OF CATASTROPHIC LEAVE BANK YES _____ NO _____

INDIVIDUAL DISABILITY PLAN THROUGH _____