

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:**

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