

FORM LETTER FOR DECLARING PREGNANCY

This form letter is provided for your convenience. To make your declaration of pregnancy, you may fill in the blanks in the form letter and give it to your employer or you may write your own letter.

DECLARATION OF PREGNANCY

To: _____
(Name of your supervisor or other employer representative)

I am declaring that I am pregnant. I believe I became pregnant in _____, _____ (only the month and year need be provided).

I understand that I may be occupationally exposed to chemical or physical hazards in my workplace. I have discussed my work assignment(s) with my supervisor and we have discussed controls and options to mitigate the hazards.

If I find out that I am not pregnant, or if my pregnancy is terminated, I will promptly inform you in writing that my pregnancy has ended. (This promise to inform your employer in writing when your pregnancy has ended is optional. This sentence may be crossed out if you wish.)

(Your signature)

(Your name, printed)

(Date)