

## DECLARED PREGNANT WOMAN CHECKLIST

1. Date of written pregnancy declaration: \_\_\_\_\_
2. Estimated date of conception (month/year) \_\_\_\_\_
3. End date of 9 month gestation period: \_\_\_\_\_
4. Date the declared pregnant woman's work assignment was analyzed: \_\_\_\_\_
5. Date the pregnancy was undeclared: \_\_\_\_\_

**Declared Pregnant Woman:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PI/Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- If this person is a radiation worker, please contact EH&S for a radiation risk assessment and Risk Information Packet.
- If the PI/Supervisor needs advice on how to fill out the work assignment analysis, please contact EH&S.
- Consult EH&S before making adjustments to working conditions (other than straightforward alterations in hours of work) or recommending protective equipment. Changes in working conditions, including hours or work, must be approved by the Office of Employee and Labor Relations.
- The Declaration of Pregnancy letter and work assignment analysis form should be included in the employee personnel file.