

Pregnancy Confirmation Form

FOR EMPLOYEE BIRTH MOTHER

Employee Information (to be completed by Employee): PLEASE PRINT

Employee Name:	Employee Number:
Phone Number:	Date:
Supervisor:	Human Resource Contact:

Examining Health Care Provider Report (to be completed by Health Care Provider):

Anticipated Date of Delivery:	Diagnosis: Pregnancy
Are there any known or expected pregnancy or delivery complications?*	

*For complications other than Cesarean section a WH-380-E will need to be completed.

Health Care Provider Printed Name:	Health Care Provider Signature:
Health Care Provider Address:	Health Care Provider Phone Number:

Send the completed form and/or verification documents to:

Marathon Petroleum - Absence Management

530 South Main Street, Room D-03-126

Findlay, OH 45840

Or by email to:

HelpBenefits/MLA_Leaves@MarathonPetroleum.com

or by fax to 419-421-9057

IMPORTANT

**If you have complications of pregnancy or delivery which may qualify you for sick benefits (separate from Paid Parental Leave) i.e. work restrictions or time off work, you will need to contact Absence Management and obtain the WH-380-E for your healthcare provider to fill out and return. Sick benefit may not be paid until WH-380-E is returned.*

Pregnancy Confirmation Form

Jessica J Manson

A red circular graphic with a gradient, appearing as a partial circle or a thick arc, located to the right of the name bar.

Pregnancy Confirmation Form:

Delve into the emotional tapestry woven by Crafted by in Experience **Pregnancy Confirmation Form** . This ebook, available for download in a PDF format (Download in PDF: *), is more than just words on a page; it's a journey of connection and profound emotion. Immerse yourself in narratives that tug at your heartstrings. Download now to experience the pulse of each page and let your emotions run wild.

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