

Pregnancy Confirmation Form



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*? (Complete this section only if employee is birth parent.)	

*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
539 South Main Street, Room M-09-016
Findlay, OH 45840
Or by email to HelpBenefitsFMLA_Leaves@MarathonPetroleum.com
or by fax to 419-420-1498

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.*