

WITHDRAWING A PREGNANCY DECLARATION

TO BE COMPLETED BY THE WORKER		
Worker Name	Badge Number	Social Security Number
Date/Time	Work phone number	
Job Title	Employer/Supervisor's Name	
Work Place		
<p><i>I am voluntarily withdrawing my previous declaration of pregnancy that was executed on date _____ . I understand that, as a result of signing and submitting this from, any work restrictions that have been imposed as a result of the previously submitted Pregnancy Declaration Form will be lifted.</i></p>		
Worker Signature		
TO BE COMPLETED BY FIU SUPERVISOR		
Receipt verified by:	Signature	Date
Notification made to RSO:		
Declaration recorded (by RSO):		
Received from RSO by (Department Head/Program Manager /Principal Investigator):		
Worker's Supervisor:		