

SHORT-TERM DISABILITY WORKSHEET

SALARIED EMPLOYEES

Annual salary divided by 52 (compute annual salary as follows:

Bi-weekly pay x 26
Semi-monthly pay x 24
Monthly pay x 12)

(1) \$ _____ ÷ 52 = \$ _____ weekly rate ÷ 5 =

(2) \$ _____ daily rate

First day of sick leave _____

Date of return to work _____
(Or end of leave)

(3) Weeks absent (use fraction for partial week) _____
(17 days off - 3 2/5 weeks)

Deduct 2 weeks _____

(4) Weeks eligible = _____

Weekly rate (1) x weeks eligible (4) \$ _____

Reimbursement amount = \$ _____ X.8612

EMPLOYEE'S PAY COMPUTATION:

(5) Days absent (line (3) x 5) _____

(6) Sick days available - _____ (pay @ 100%)
Sick days previously used - _____ (no pay)

(7) Remaining days = _____

Line (7)	x	daily rate (2)	x	20%	=	reduction in pay
_____	x	\$ _____	x	20%	=	\$ _____

_____ Sick days previously used	x	\$ _____		100%	=	\$ _____
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_____ Additional days reduced	x	\$ _____		100%	=	\$ _____
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Total reduction in pay = \$ _____

Employee's name

Date

Include a copy of this worksheet with the Short-Term Disability Claim Form