

# SHORT-TERM DISABILITY WORKSHEET

## HOURLY EMPLOYEES

(1) Regular or average number of hours worked per week \_\_\_\_\_  
(Should be between 25 and 40)

Hourly rate of pay \_\_\_\_\_ x \$ \_\_\_\_\_

(2) Equals average weekly rate of pay = \$ \_\_\_\_\_

Divided by 5 equals average daily rate of pay = \$ \_\_\_\_\_

(3) Weeks absent (use fraction for partial week) \_\_\_\_\_  
(17 days off = 3 2/5 weeks)

Deduct 2 weeks - \_\_\_\_\_

(4) Weeks eligible = \_\_\_\_\_

Weekly rate (2) times weeks eligible (4) \$ \_\_\_\_\_

X.8612 =

Reimbursement amount \$ \_\_\_\_\_

**EMPLOYEE'S PAY COMPUTATION:**

(5) Days absent (line (3) x 5) \_\_\_\_\_

Less:

(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 \$ \_\_\_\_\_ x 100% = \$ \_\_\_\_\_

\_\_\_\_\_ Additional days reduced x \$ \_\_\_\_\_ x 100% = \$ \_\_\_\_\_

Total reduction in pay = \$ \_\_\_\_\_

\_\_\_\_\_  
Employee's name

\_\_\_\_\_  
Date

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