

SHORT-TERM DISABILITY WORKSHEET

HOURLY EMPLOYEES

(1) Regular or average number of hours worked per week _____
(Should be between 35 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