

# 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) a. Equals average weekly rate of pay = \$ \_\_\_\_\_

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

(3) a. First day of sick leave \_\_\_\_\_ b. Date of return to work \_\_\_\_\_

(4) Date of end of short-term disability leave (per doctor's release) \_\_\_\_\_

(5) Weeks absent (based on line 4) \_\_\_\_\_  
(use fraction for partial week: 17 days off = 3 2/5 weeks)

Deduct 2 weeks     - 2    

(6) Weeks eligible = \_\_\_\_\_

Weekly rate (line 2a) times weeks eligible (line 6) \$ \_\_\_\_\_

X.8612 =

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

**EMPLOYEE'S PAY REDUCTION COMPUTATION:**

(7) Days absent (line (5) x 5 days) \_\_\_\_\_

Less:

(8) Sick days previously used - \_\_\_\_\_ (no pay)

Sick days available at time of leave - \_\_\_\_\_ (pay @ 100%)

(9) Remaining days = \_\_\_\_\_ (pay @ 80%)

Number of Days	x	daily rate (2b) x	%	=	reduction in pay
_____ Line (9)	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*