

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

(2) Weekly rate / 5 = \$ _____ daily rate

(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 1) x 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 (2)	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