



**Ohio Department of
Administrative Services**
HUMAN RESOURCES DIVISION
30 EAST BROAD STREET
COLUMBUS, OHIO 43266-0405

Bob Taft, Governor

Nikki A. Guilford, Interim Director

May 7, 1999

Payroll Letter 752

To: Payroll Officers, Personnel Officers, Labor Relations Officers and Fiscal Officers of all Departments, Institutions, Boards and Commissions

From: Robert L. Cruse, State Payroll Administrator

Subject: Supplementation of Disability Retirement

Payment of Disability Leave Benefits

Disability leave benefits will be paid at seventy per cent of the employee's base rate of pay for the first six months, and fifty percent of the employee's base rate of pay for up to an additional eighteen months. For the purpose of determining disability leave benefits; an employee's base rate of pay shall be determined as of the date the employee becomes disabled. Base rate of pay is defined as the total of the employee base rate plus longevity.

Payment of Disability Retirement Supplementation

Employees receiving disability retirement benefits may have their benefits supplemented up to a maximum total income of no greater than 50% of the employee's base rate of pay at the time the employee became disabled. Employees are entitled to receive this supplementation for the remainder of the 18 months of eligibility under the Disability Leave Benefit Program. The employee submits a copy of their retirement benefits letter he/she received from the retirement system (see attached). The payroll officer, using the attached worksheet, calculates 50% of what the employee's monthly wages were at the time the employee retired. If the monthly benefits received are less than 50% of the employee's wages at the time of retirement, the difference is paid to the employee by the state. To make the payment, a payroll record for the former employee must be created. Once the record is created, the fields to be posted by the payroll officer are as follows:

Class 99002
Step 0
Appt. Code 00
Retirement N
PAYA (post the dollar amount)
Delete appropriate deductions

PAYB=100-200=000201		PPE 04/24/99		LEAVE	BALANCE	ACCRUAL	USAGE
NME DOE, JOHN	EFT	PA1	NEWS		.00	.00	.00
ADR 123 E MAIN ST		PA2	SICK		.00	.00	.00
CITY COLUMBUS	PAID	PA3	OLDS		.00	.00	.00
ZIP 43215 TEL	-	APPT 00 08 01 83	VAC		.00	.00	.00
DOB 05 - 27 - 55 SEX M CAR		PROM 08 01 83	PLV		.00	.00	.00
SSN 123-45-6789 GROS	157.00	ENDS 00 00 00	COMP		.00	.00	.00
NEW/SEQ 000000 FTX S1	13.00	SERV 15 - 168	DONL		.00	.00	.00
ST OH RCNTY FRAN OH:	3.60	USERV -	FMLA		.00	.00	.00
WU A05 CSEQ SD		LSERV -	WK ADD HRS SL USED VSX				00.00
CLAS 99002 DEFC		HRSPAID	1 00.00 00.00 PSX				00.00
DIS RETIRED BOND		LESSHR	2 00.00 00.00 CSX				00.00
STEP 0 STATUS C RETR N		O/T X	DISA				
STEP IND 3 NET	137.26	MEDICR 2.28	CBU 99 - 0 RATE F CODE AMT/%				
PAY 1.00 ADJ @ 157.00			RNGE 00 0.00 A F15				2.00
			BASE H		22.04		
			LNGV		0.00		
			EDUC		0.00		
			PRF 00.0		.00		
			LANG		0.00		
PF1=UPDT PF2=EHOC PF3=EARN PF5=POSU PF6=PREV			HAZ		0.00		
PF10=TOGGLE TO SENB			SUPP		0.00		
REF # 00000 FD _____ SPRC _____ SAC _____ ADRC _____			TOTAL		22.04		
#PPDS 1 MIL-BAL 176.0 BENE YTD SL: ACC _____ .0 USE .0 DV							

RLC/bc

Disability Retirement Supplement Worksheet

Name: _____

SSN: _____

S03 Beginning Date: _____

Ending Date: _____

Class Number: 99002

Retirement Code: N

Appointment Type: 00

- | | |
|--|---|
| 1. Employee's total hourly rate | \$ _____ |
| 2. Multiplied by average work hours per month (173.33) | = _____ |
| 3. Multiplied by 50% | = _____ |
| 4. Amount employee is receiving from Retirement System | \$ _____ |
| 5. Subtract line 4 from line 3 | \$ _____ Disability Retirement Supplement |

Line 5 is the "DISRET" amount to be posted to payroll.

If line 4 is greater than line 3 then employee is not entitled to Disability Retirement Supplement.

Disability Retirement Supplement Worksheet
Maximum Hours 3,120

Month	Hours Paid	Remaining Hours
1 _____	173.33 _____	_____
2 _____	173.33 _____	_____
3 _____	173.33 _____	_____
4 _____	173.33 _____	_____
5 _____	173.33 _____	_____
6 _____	173.33 _____	_____
7 _____	173.33 _____	_____
8 _____	173.33 _____	_____
9 _____	173.33 _____	_____
10 _____	173.33 _____	_____
11 _____	173.33 _____	_____
12 _____	173.33 _____	_____
13 _____	173.33 _____	_____
14 _____	173.33 _____	_____
15 _____	173.33 _____	_____
16 _____	173.33 _____	_____
17 _____	173.33 _____	_____
18 _____	173.33 _____	_____