

COMPUTATION OF PAYMENT FOR ADOPTION/CHILDBIRTH LEAVE

Pay Period _____

Employee's Name _____ Dist C/O Cost Center _____
 Employee ID Number _____ Bargaining Unit _____
 Date of Birth/Adoption _____ Waiting Period _____
 First Day of Benefit _____ Last Day of Benefit _____

Birthmom/dad
 (1=yes 2=no) Partial Supplement
 Supplement
 (1=yes 2=no) (1=yes 2=no)

- A. Basic Payment
- 1. Adoption/Childbirth Eligible Hours
 - 2. Rate
 - 3. Gross (A1*A2) _____
 - 4. 70% Hours (A1*70%) _____
 - 5. 70% Gross Amount (A2*A4) _____
- B. Health Insurance Premium (Childbirth only)
- 1. Employee's Monthly Premium
 - 2. Insurance (B1*12/2080*A1) _____
- C. Total Adoption/Childbirth Leave Payment _____

COMPUTATION OF SUPPLEMENTAL PAYMENT (if applicable)

- D. Gross (A3) _____
- E. Less: Total Adoption/Childbirth Payment (C) _____
- F. Supplemental Payment (D-E) _____
- G. Total Hours Needed for 100% Pay (F/A2) _____
- H. Partial Supplement
- I. Hours Worked Toward Supplement
- J. Leave Time Hours Required (G-1) _____

Hours Charged _____

Less _____ HRS @ _____ = _____ FMLA Hours
 Plus _____ HRS @ _____ = _____ Birthmom/dad
 Pay 1.00 Adj @ _____ = _____ Birthmom/dad
 Regular Hrs @ _____ = _____
 Plus 1.00 Adj @ _____ = _____ (Do Not Post On-Line) Gross = _____