DISABILITY WORKSHEET

PAY PERIOD _____

1. NAME EIN PAYROLL -

2. EMPLOYEE'S STATUS (DAY BEFORE WAITING PERIOD):

CLASS _____ STEP _____ STEP IND _____SERVICE _____ PPE DATE _____

BASE RATE_____LONG _____ EDUC _____ PROF _____ LANG _____ HAZ _____

$ TOTAL _____ CBU _____ HOSP CODE _____ EMPL SHARE _____STATE SHARE _____

3. WAITING PERIOD: FROM TO

4. DISABILITY APPROVAL (I08 dates): FROM TO

5. DISABILITY EXTENSION DATES: FROM TO

6. TOTAL HOURS OF DISABILITY DUE ON INITIAL DISABILITY OR EXTENSION: DISB DISC DISD

7. DOES EMPLOYEE DESIRE SUPPLEMENTATION? YES NO

8. LESS 1 ADJUSTMENT OF GROSS PAY RECEIVED DURING PERIOD COVERED BY DISABILITY, INCLUDING ADVANCED HOSPITALIZATION RECEIVED ON DISABILITY PENDING: LESS 1 ADJ $_____

9. STATUS FOR DATE EMPLOYEE RETURNED TO WORK: WORKED____ V_____S_____P_____CU_____

10. HOW MANY HOURS OF REGULAR PAY NEED TO BE ADDED TO CURRENT PERIOD BEFORE OR AFTER DISABILITY. PLUS HOURS_____ OT_____HRS@$_____

11. HOSPITALIZATION AMOUNT TO BE REIMBURSED TO THE EMPLOYEE (DISA HOSP): PLUS 1 ADJ $_____DISA HOSP

12. LEAVE HOURS USED DURING BENEFIT PERIOD COVERED BY DISABILITY, WHICH IS TO BE RESTORED. NSA_____VA_____ DL _____ PA _____CTA _____

13. VACATION ERRONEOUSLY CREDITED DURING BENEFIT PERIOD COVERED BY DISABILITY. VC_____

14. IF PAYMENT BEING MADE IS FOR MORE THAN ONE FULL PAY PERIOD, ENTER THE NUMBER OF PAY PERIODS COVERED. #PPds_____

			ADJUSTMENTS TO LEAVE					
PAY PERIOD	DISABILITY HOURS	LESS GROSS PAY	VA	NSA	PA	CTA	DL	VACATION CREDIT (VC)