DISABILITY RETIREMENT SUPPLEMENT WORKSHEET

Name: _____   Employee ID #_____

S03 Beginning Date: _____   Ending Date: _____

Class Number **99002**   Retirement Code: **N**   Appointment Type: **00**

Ends: **Date eligibility terminates** (S03 Ending Date)

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 $_____

        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.