

Industrial Disability Leave/ Worker's Compensation Temporary Disability

Comparison Estimate

Name: _____ Date of Injury: _____ Date: _____
 SSN: _____ Bargaining Unit: _____ LDW: _____
 Waiting Period: _____ TD Rate: _____

Modified Work Schedule: YES _____ No _____

LEAVE CREDITS AVAILABLE AS OF THE DATE OF INJURY OR FIRST DATE OF DISABILITY:

Sick Leave: _____
 Vacation: _____
 Overtime (CTO): _____
 Personal Holiday: _____
 Holiday Credits: _____
 Total Credits Available: _____

Direct Deposit: YES: _____ NO: _____
 (if YES, may be administratively canceled)

Tax Status
 Federal: \$ _____ Additional: \$ _____
 State: \$ _____ Additional: \$ _____

INDUSTRIAL DISABILITY LEAVE SECTION (IDL) - Paid by CSUF

Industrial Disability Leave (IDL) - This provides a benefit up to 22 days at "Full Pay" which is the employee's gross salary less the amount that is normally deducted for mandatory deductions (e.g. Federal & State taxes). After 22 days, the employee is paid at 2/3 rate of his/her gross pay.

The following are **estimates** of monthly net benefits.

(1) First 22 days: Then choose 1 or 2

(1) After 22 days:

Less _____ Gross Monthly Salary
 _____ Federal Tax withholding
 _____ State Tax withholding
 _____ FICA/Medicare withholding
 _____ Retirement contribution
 _____ Voluntary deductions (less TSA)
 TOTAL \$ _____ Est. Monthly Net Benefit

Less \$ _____ 2/3 Gross Monthly Salary
 \$ _____ Retirement contribution
 (based on full salary)
 \$ _____ Voluntary deductions (less TSA)
 TOTAL \$ _____ Est. Monthly Net Benefit

(2) IDL with Sick Leave Supplementation

Plus \$ _____ Supplementation
 Less _____ *Federal Tax
 _____ *State Tax
 _____ *FICA/Medicare
 _____ Voluntary deductions (TSA)
 TOTAL \$ _____ Monthly Net Benefit

CAN USE
SICK ONLY

Sick credits needed for a FULL MONTH of supplementation:
 168 hrs/21 days = 56 hours
 176 hrs/22 days = 59 hours

*computation on supplemental income only

WORKERS' COMPENSATION SECTION (TD) - Paid by Sedgwick.

Workers' Compensation (TD) - This benefit pays 2/3's of your average weekly earnings not to exceed a certain amount on the first day the employee is off work. The following are **estimates** of monthly net benefits.

(3) Workers' Compensation

\$ _____ Monthly Temporary Disability (TD) Payment (based on 30 day) Daily Rate: \$0.00
 Less \$ _____ Retirement Contribution (**Employee must pay directly to PERS.**)
 Less _____ Health Insurance (**Paid by employee - No State Contribution.**)
 TOTAL \$ _____ Estimated Monthly Net Income *Employee pays benefits*

(4) Workers' Compensation with Supplementation - Supplementation paid by CSUF

\$ _____ Monthly Temporary Disability (TD) Payment Hourly Rate \$ _____
 Plus _____ Supplementation
 Total \$ _____ Gross Benefit
 Less \$ _____ *Federal Tax withholding on supplemental income only.
 \$ _____ *State Tax withholding on supplemental income only.
 _____ *FICA/Medicare withholding on supplemental income only.
 _____ *Retirement contribution
 _____ Voluntary deductions
 TOTAL \$ _____ Estimate Monthly Net Income *Employees pay partial benefits*

CAN USE ALL
AVAILABLE LEAVE
CREDITS

TOTAL CREDITS NEEDED FOR A FULL MONTH OF SUPPLEMENTATION: _____ HOURS

*computation on supplemental income only

Prepared by: _____

Date: _____