WORKSHEET FOR PROCESSING TD BENEFIT CLAIM FOR EMPLOYEES NOT COVERED BY AN APPROVED SICK LEAVE PLAN (LECTURER/CASUAL HIRE)

Claimant's Name: ___________________________  SR/WB: __________
Position Title: ________________________________  SSN: __________

A: FIRST CLAIM IN CALENDAR YEAR

1. Duration of Benefits
Every eligible employee of the University of Hawaii, including Community College employees, not covered by an approved sick leave plan shall be entitled to receive in the aggregate, a minimum of three (3) calendar weeks of sick leave.

Duration of TD Benefits = 3 weeks

2. Amount of Weekly TD Benefit Payment
a. Compute employee's average weekly wage (AWW) by completing (1) OR (2) below:

(1) Salaried Employee with No Other Form of Renumeration
Daily Rate = Monthly Salary = $________
# of paid days in disability month
AWW = Daily Rate x 5 = $________ x 5 = $________

(2) Hourly Paid or Salaried Employee with Other Forms of Renumeration
AWW = 8 weeks gross pay (or portion thereof)
8 weeks (or portion thereof)
AWW = $________

AWW = $________

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b. The “amount of weekly TD benefits payment” for eligible employees of the University not covered by an approved sick leave plan shall be 100% of AWW.

Weekly TD Pay = AWW

Weekly TD Pay = $________

3. Date TD benefit payment will begin = First day of disability: ____________________________ Month/Day/Year

4. Date TD benefit payment will end (start from date shown in 3 and extend that date by three (3) calendar weeks):

Month/Day/Year

5. Date employee actually returned to work to perform usual duties: ____________________________ Month/Day/Year
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6. **Computation of MAXIMUM TD benefit payment for current disability:**
   a. Duration of TD benefits (see A,1) __________ 3 weeks ______
   
   TIMES
   
   b. Amount of weekly TD benefit payment (see A,2,b above) __________ $ ____________

   EQUALS

   c. **MAXIMUM** TD benefit payment for current disability __________ $ ____________

7. **Computation of ACTUAL TD benefit payment for current disability:**
   a. Actual duration of disability subject to TD benefit payment (from date shown in A,3 to the earlier date shown in A,4 or the day prior to A,5 above) ____________ weeks
   
   TIMES
   
   b. Amount of weekly TD benefit payment (see A,2,b above) ____________ $ ____________

   EQUALS

   c. **ACTUAL** TD benefit payment for current disability: ____________ $ ____________

**CERTIFICATION:**

This is to certify that the employee is entitled in $ ____________ in temporary disability benefits for the period ____________ to ____________.

__________________________________________  ______________________

Date
WORKSHEET FOR PROCESSING TD BENEFIT CLAIM
FOR EMPLOYEES NOT COVERED BY AN APPROVED SICK LEAVE PLAN
(LECTURER/CASUAL HIRE)

Claimant’s Name: ___________________________ SR/WB: ____________
Position Title: ___________________________ SSN: ________________

B: OTHER THAN FIRST CLAIM IN CALENDAR YEAR

8. Duration of Benefits
Every eligible employee of the University of Hawaii, including Community College employees, not covered by an approved sick leave plan shall be entitled to receive in the aggregate, a minimum of three (3) calendar weeks of sick leave per calendar year. Subtract the duration of TD benefits actually used or received for previous claim(s) in the same calendar year from the minimum of three (3) calendar weeks per calendar year for the current claim as shown below:

a. Minimum Duration of TD benefits for calendar year:_______ 3 _____ weeks

MINUS

b. Duration of TD benefits actually used or received for Previous claim(s) in the same calendar year: ___________ weeks

EQUALS

c. Net duration of TD benefits for current claim (if “b” is Greater than “a,” enter zero):

Net Duration of TD Benefits = ________ weeks

9. Amount of Weekly TD Benefit Payment

   c. Compute employee’s average weekly wage (AWW) by completing (1) OR (2) below:

   (3) Salaried Employee with No Other Form of Renumeration

   Daily Rate = Monthly Salary = $__________
   # of paid days in disability month

   AWW = Daily Rate x 5 = $_______ x 5 = $__________

   (4) Hourly Paid or Salaried Employee with Other Forms of Renumeration

   AWW = 8 weeks gross pay (or portion thereof) / 8 weeks (or portion thereof)

   AWW = $________________

   AWW = $________________
d. The “amount of weekly TD benefits payment” for eligible employees of the University not covered by an approved sick leave plan shall be 100% of AWW.

\[
\text{Weekly TD Pay} = \text{AWW} \quad \text{Weekly TD Pay} = \$ \underline{\phantom{000}}
\]

10. Date TD benefit payment will begin = First day of disability: ________________ Month/Day/Year

11. Date TD benefit payment will end (start from date shown in 3 and extend that date by three (3) calendar weeks): ________________ Month/Day/Year

12. Date employee actually returned to work to perform usual duties: ________________ Month/Day/Year

13. Computation of MAXIMUM TD benefit payment for current disability:
   a. Duration of TD benefits (see B,1) ___________ 3 weeks ___________
      TIMES
   b. Amount of weekly TD benefit payment (see B,2,b above) ___________ $ \underline{\phantom{000}}
      EQUALS
   c. MAXIMUM TD benefit payment for current disability ___________ $ \underline{\phantom{000}}

14. Computation of ACTUAL TD benefit payment for current disability:
   b. Actual duration of disability subject to TD benefit payment (from date shown in B,3 to the earlier date shown in B,4 or the day prior to B,5 above) _______________ weeks
      TIMES
   b. Amount of weekly TD benefit payment (see B,2,b above) $ \underline{\phantom{000}}
      EQUALS
   c. ACTUAL TD benefit payment for current disability: $ \underline{\phantom{000}}

CERTIFICATION:
This is to certify that the employee is entitled in $ \underline{\phantom{000}} in temporary disability benefits for the period ________________ to ________________.

________________ ________________ Date