

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: _____ Direct Deposit: YES: _____ NO: _____
Overtime (CTO): _____ (if YES, may be administratively canceled)
Personal Holiday: _____ Tax Status _____
Holiday Credits: _____ Federal: \$ _____ Additional: \$ _____
Total Credits Available: _____ 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 0 *Federal Tax
0 *State Tax
0 *FICA/Medicare
0 Voluntary deductions (TSA)
TOTAL \$ _____ Monthly Net Benefit
*computation on supplemental income only

Sick credits needed for a FULL MONTH of supplementation:

168 hrs/21 days = 56 hours

176 hrs/22 days = 59 hours

CAN USE
SICK 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: