

Department Disability Claim Statement

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

1. Type of Leave: \_\_\_\_\_ 2. Last day worked: [ ] 3. Number of hours worked on last day: \_\_\_\_\_

4a. FMLA leave? \_\_\_\_\_ 4b. FMLA Begin Date [ ] 4c. FMLA End Date [ ]

5. Time off used to satisfy waiting period: Select all that apply from pull-down menu. Note: There is a 14-calendar day waiting period for Basic & Voluntary STD. However, must use 22 sick days (176 hours) if accrued.

Make a selection \_\_\_\_\_ Begin Date [ ] End Date [ ]
Make a selection \_\_\_\_\_ Begin Date [ ] End Date [ ]
Make a selection \_\_\_\_\_ Begin Date [ ] End Date [ ]
Make a selection \_\_\_\_\_ Begin Date [ ] End Date [ ]
Make a selection \_\_\_\_\_ Begin Date [ ] End Date [ ]

6. Last day on University pay status (LDPS): [ ] (including sick & vacation use) 7. Leave without pay (LWOP) [ ] begins on: [ ] Note: LWOP begins day after LDPS

8a. Is the employee normally scheduled to work a full 12 months each year? \_\_\_\_\_ 8b. If "no", indicate period of normal scheduled employment: \_\_\_\_\_

9. Work Schedule: Please indicate normal number of hours worked each day:
MON TUES WEDS THURS FRI SAT SUN
\_\_\_\_\_

10. Salary Increase in Progress? \_\_\_\_\_

Form submitted by: \_\_\_\_\_

Signature \_\_\_\_\_ Date [ ] Phone # \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date [ ] Home/Cell # \_\_\_\_\_

EMAIL OR FAX COMPLETED FORM TO: HR/WC & Disability Management Services, wcdm@uci.edu, or, Fax #: 949-824-9299.

Department Disability Claim Statement

For Monthly Paid or Bi-weekly Paid Employees

See appropriate sections below (a, b or c) for completion:

**11a. MONTHLY PAID.** If employee has a fixed appointment and is paid *monthly*, complete section (a).  
 Salary data: Please provide the monthly rate earned for the **last full month worked prior to Last Day Worked (LDW)**:

Month	Year	Monthly Salary	% Time Worked	If less than 100% appointment, indicate reduced salary amount

**11b. BI-WEEKLY PAID.** If employee has a fixed appointment and is paid *biweekly*, complete section (b).  
 Salary data: Please provide the **last 2 pay periods prior to Last Day Worked (LDW)**:

Enter the Pay Period (MM/DD/YYYY):		Eligible Earnings: (Please do not use \$ or commas)	Indicate if any pay periods include:
	Through		
	Through		

**11c. BI-WEEKLY PAID.** If has a *variable* appointment, complete section (c).  
 Salary data: Please provide the **last 6 pay periods prior to Last Day Worked (LDW)**:

Enter the Pay Period (MM/DD/YYYY):		Eligible Earnings: (Please do not use \$ or commas)	Indicate if any pay periods include:
	Through		
	Through		
	Through		
	Through		
	Through		
	Through		