

AB 1522 - Employee Sick Leave Rate Adjustment Calculation Worksheet
Effective July 1, 2015

SECTION A: PROGRAM INFORMATION

1	Service Provider Name	Disneyland		
2	Vendor Number	PM1234		
3	Service Code	109		
4	Sub-code (if applicable)			
5	Staffing Ratio	1:1		
6	Number of Enrolled Consumers	4		
7	Review Period: (Enter Beginning & End)	January 1, 2015 to March 31, 2015		
8	Current Rate:	\$ 11.50	Select Unit Type: Daily or Hourly	Hourly
9	Rate Adjustment:	\$ 0.17		
10	New Rate:	\$ 11.67		
11	Select Vendoring Regional Center from Drop Down Menu	RCOC		
12	Select User Regional Centers from Drop Down Menu	HRC		
13	Select User Regional Centers	IRC		

SECTION B: EMPLOYEE WAGE INFORMATION

Row #	A Name or Initials of Staff Employee(s) (Please See Instructions for Listing Employees Receiving more than One Wage)	B Position Title	C Hourly Wage	D Employer Social Security Tax @ 6.2%	E Employer Medicare Tax @ 1.45%	F Workers Compensation as a %	G Total Unemploy. Insurance as a %	H Total Hourly Wage plus Mandate Payroll Costs	I Total Hours Worked during the 3 Months Review Period	J Annualized Hours	K Earned Sick Leave (1:30) up to 24 Hrs.	L Cost of the Employee Sick Leave Benefit
1	Daisy	ILS worker	\$ 9.00	\$ 0.56	\$ 0.13	7.00%	1.00%	\$ 10.41	480.0	1920.0	24.0	\$ 249.80
2	Donald	ILS worker	\$ 9.50	\$ 0.59	\$ 0.14	7.00%	1.00%	\$ 10.99	360.0	1440.0	24.0	\$ 263.68
3	Minnie	ILS worker	\$ 9.75	\$ 0.60	\$ 0.14	7.00%	1.00%	\$ 11.28	300.0	1200.0	24.0	\$ 270.62
4				\$ -	\$ -			\$ -		0.0	0.0	\$ -
5				\$ -	\$ -			\$ -		0.0	0.0	\$ -
6				\$ -	\$ -			\$ -		0.0	0.0	\$ -
7				\$ -	\$ -			\$ -		0.0	0.0	\$ -
8				\$ -	\$ -			\$ -		0.0	0.0	\$ -
9				\$ -	\$ -			\$ -		0.0	0.0	\$ -
10				\$ -	\$ -			\$ -		0.0	0.0	\$ -
11				\$ -	\$ -			\$ -		0.0	0.0	\$ -
12				\$ -	\$ -			\$ -		0.0	0.0	\$ -
13				\$ -	\$ -			\$ -		0.0	0.0	\$ -
								Totals	1,140.0	4,560.0	72.0	
Total Cost of Sick Leave Benefit												\$ 784.11

SECTION C: RATE ADJUSTMENT CALCULATION

1		Total Cost of the Earned Sick Leave Benefit:	\$ 784.11
2		Actual Number of Units of Services Billed to all Regional Centers for the Review Period:	1,140.0
3		Annualized Number of Units of Service:	4,560.0
4	Select Regional Center from Drop Down Menu: RCOC	Enter Total No. of Units for Review Period	950.0
5	Select Regional Center: HRC	Enter Total No. of Units for Review Period	30.0
6	Select Regional Center: IRC	Enter Total No. of Units for Review Period	160.0
7	Select Regional Center:	Enter Total No. of Units for Review Period	
8	Select Regional Center:	Enter Total No. of Units for Review Period	
9	Select Regional Center:	Enter Total No. of Units for Review Period	
10	Select Regional Center:	Enter Total No. of Units for Review Period	
11	Rate Change (Section C, Row 1: Total Cost of Earned Sick Leave Benefit/Section C, Row 3: Annualized Number of Units of Service)		\$ 0.17

AB 1522 - EMPLOYEE SICK LEAVE 2015 RATE ADJUSTMENT
SUMMARY & CERTIFICATION SHEET

PROGRAM INFORMATION

Service Provider Name:	Disneyland
Vendor Number:	PM1234
Service Code:	109
Subcode (if applicable):	0
Service Address:	123 Main St. Anaheim, CA 12345
Mailing Address: (if different than service address)	

CONTACT INFORMATION

	Individual Responsible for Completing Worksheet:
Contact Name:	Mickey Mouse
Contact Phone Number:	714-123-4567
Email Address:	Mickey@disney.fun
Executive Director/Owner:	Mickey Mouse
Current Rate:	\$11.50
Proposed Rate Change:	\$0.17
Proposed New Rate:	\$11.67
Unit Type:	Hourly

By checking the box below, I certify that the information provided to the Department is specific to payroll costs necessary to meet the requirements of AB 1522, which went into effect on July 1, 2015, and that this vendor does not currently offer a sick leave benefit as required by AB 1522. I additionally certify to the best of my knowledge and belief the information submitted is true and correct, and subject to verification by all record keeping and audit processes, procedures, and guidelines under the Lanterman Act and Title 17 of the California Code of Regulations.

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I AGREE

To submit this completed 'Vendor Summary & Certification' and 'Vendor Worksheet' electronically please save the document as instructed on the Certification Instructions, then click on the following 'SUBMIT' button.

Before submitting please save your workbook using your vendor number!

Please keep a copy for your records and submit a copy to the vendoring regional center.