

**UNIVERSITY OF ALABAMA AT BIRMINGHAM
ON THE JOB INJURY/ILLNESS PROGRAM (OJI) TIME AUTHORIZATION**

Pay Period: _____ to _____ Dept Account #: _____

Employee: _____ Employee ID #: _____

Hourly Rate: _____ Dept: _____ Phone: _____

INSTRUCTIONS:

Use this time sheet only for OJI time (Beginning Day 5)

1. Employee should be paid by the department for the full day on the day of the injury (Day 1)
2. Employee must take accrued benefit time or leave without pay for the first three days following the injury (Days 2, 3, and 4).
3. OJI benefits begin on Day 5. (Calendar day)
4. OJI pays 66 2/3% of the hours missed - subject to all normal deductions. For example, for a scheduled 8 hour day, OJI would pay 5.34 hours (8 X .667).
5. Employee may supplement the OJI hours with accrued benefit hours. For example, an 8 hour day would be shown below as 5.34 OJI hours and 2.66 sick hours. A 10 hour day could be shown as 6.67 OJI hours (10 X .667) and 3.33 sick hours.

Week One:

	Sun	Mon	Tues	Wed	Thur	Fri	Sat
OJI hours							
Accrued benefit hours							

Week Two:

	Sun	Mon	Tues	Wed	Thur	Fri	Sat
OJI hours							
Accrued benefit hours							

I certify that the above recorded time is payable to this employee:

Supervisor's Signature

Date Processed

**FAX TO Monica Jones NO LATER THAN 5 PM ON FRIDAY PRIOR TO END OF PAY PERIOD
IF YOU HAVE QUESTIONS, YOU MAY CONTACT Monica @ 934-4458. FAX NUMBER IS
934-1407.**