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

Pay Period: ______________ to _____________  
Dept Account #: ___________________________

Employee: _______________________________________________  SSN: _______________________

Hourly Rate: ____________  Dept: ________________________________  Phone: ________________

**INSTRUCTIONS:**

- Use this time sheet only for OJI time (Beginning Day 5)
- Employee should be paid by the department for the full day on the day of the injury (Day 1)
- Employee must take accrued benefit time or leave without pay for the first three days following the injury (Days 2, 3, and 4).
- OJI benefits begin on Day 5.
- 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 \times 0.667).
- 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 \times 0.667) and 3.33 sick hours.

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<tr>
<th>Week One:</th>
<th>Sun</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thur</th>
<th>Fri</th>
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<td>OJI hours</td>
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<td>Accrued benefit hours</td>
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<th>Week Two:</th>
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</table>

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

_____________________________________________  
Supervisor’s Signature  ___________________________  Date Processed

FAX TO Leticia Waldon NO LATER THAN 10 AM ON THURSDAY PRIOR TO END OF PAY PERIOD
IF YOU HAVE QUESTIONS, YOU MAY CONTACT Leticia @ 934-4458. FAX NUMBER IS 996-9902.

V 05/25/07