

On-the-Job Injury & Illness Program TIME AUTHORIZATION

Do not complete form online; download PDF to your device.

Pay Period:	to	Dept Account No:
Employee:		Employee ID No:
Hourly Rate:	Dept:	Phone:

INSTRUCTIONS:

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 (use this time sheet only for OJI time).
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 0.667).
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 0.667) and 3.33 sick hours.

WEEK ONE							
	SUN	MON	TUE	WED	THU	FRI	SAT
OJI Hours							
Accrued Benefit Hours							

WEEK TWO							
	SUN	MON	TUE	WED	THU	FRI	SAT
OJI Hours							
Accrued Benefit Hours							

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

Supervisor's Signature

Date Processed

Must be submitted no later than 5 p.m. Friday prior to end of pay period.

DO NOT COMPLETE FORM ONLINE. To submit, download to your device and submit using the button below, email PDF to HRM-OJI@uab.edu or print and fax to OJI Administrator at 205-934-1407.

If you have questions, contact the OJI Administrator at HRM-OJI@uab.edu or 205-934-4458, or visit the [On-The-Job Injury/Illness Program](#) online.

PRINT

SUBMIT

RESET FORM