

Auburn University

Auburn University, Alabama 36849-5104

Risk Management & Safety
316 Leach Science Center

Telephone: (334)844-4533
Fax: (334)844-4640

On-the-Job Injury Time Authorization Auburn University Monthly Paid Employees

Name Employee ID

Department Name Department Address

Position Number

Hourly Pay Rate at Time of Accident _____

Pay Period Start Date _____

Pay Period End Date _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 st Week	___ hrs	___ hrs	___ hrs	___ hrs	___ hrs	___ hrs	___ hrs
2 nd Week	___ hrs	___ hrs	___ hrs	___ hrs	___ hrs	___ hrs	___ hrs
3 rd Week	___ hrs	___ hrs	___ hrs	___ hrs	___ hrs	___ hrs	___ hrs
4 th Week	___ hrs	___ hrs	___ hrs	___ hrs	___ hrs	___ hrs	___ hrs
5 th Week	___ hrs	___ hrs	___ hrs	___ hrs	___ hrs	___ hrs	___ hrs

TOTAL HOURS _____

I CERTIFY THAT THE ABOVE RECORDED TIME IS CORRECT AND SHOULD BE PAID TO THIS EMPLOYEE AS A RESULT OF AN ON-THE-JOB INJURY. This time entered should be for time that is paid through the OJI Program. (Do not enter time on this sheet that is being compensated through sick, annual leave, or is leave without pay.) There will be no compensation through the OJI Program for the first three work days missed following the incident/accident. Employees may compensate for these three days by using their sick and/or annual leave. If the employee has no leave available, the first three days missed will be recorded as leave without pay.

Supervisor/Department Head

Date

Claim's Adjuster's Signature

Date

This form must be completed and faxed to (601) 899-0160 attention Darlene Gray @ CCMSI 48 hours before the scheduled payroll deadline.