

# 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 Bi-Weekly 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 <sup>st</sup> Week	____ hrs	____ hrs	____ hrs	____ hrs	____ hrs	____ hrs	____ hrs
2 <sup>nd</sup> 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 Adjuster's Signature

\_\_\_\_\_  
Date

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