

**Auburn University**  
Auburn University, Alabama 36849-5104

Risk Management & Safety  
11 C Ingram Hall

Telephone: (334) 844-4533  
Fax: (334) 844-4942

**On-the-Job Injury Time Authorization  
Bi-weekly Paid Employees  
Auburn University**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Employee I.D.**

\_\_\_\_\_  
**Department Name**

\_\_\_\_\_  
**Account Name**

\_\_\_\_\_  
**Department Address**

\_\_\_\_\_  
**Account Number**

\_\_\_\_\_  
**Class Code**

**Hourly Pay Rate at Time of Accident** \_\_\_\_\_

**Pay Period** \_\_\_\_\_ **to** \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 <sup>st</sup> week							
2 <sup>nd</sup> week							

**Total Hours** \_\_\_\_\_

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**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.** The 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

This form must be completed and sent to Risk Management before the scheduled payroll deadline.