

The University of Alabama System Office
On-the-Job Injury and Illness Policy
Updated: 05/25/2018

Purpose

Policy

Guidelines for Covered or Compensable Expenses

Procedures

Off-Site Injuries

Payment for OJI Expenses

Death Benefits

INFORMATION ABOUT THE PERSON INVOLVED IN THE INCIDENT:

Full Name: / D V W 6 6 1#:
Home Address: Gender: M F
(P S O R \ H H Full-time 3art-time 3 H U P D Q H Q W / R F D 7 H P S R U S % 8 \$ + Other 9 L V L W R U
Date of Birth: Home phone: : R U Phone:
: R U Address:
Job Title: Supervisor:

INFORMATION ABOUT THE INCIDENT:

Date of Incident: Time: Police notified: Yes No Case #:
Lod953 T7s1.95cident: Yes Yes

