



Washington Headquarters Services

ADMINISTRATIVE INSTRUCTION

NUMBER 83
February 7, 2008

WHS/HRD

SUBJECT: Federal Employees' Compensation Program

- References:
- (a) Administrative Instruction Number 83, subject as above, March 17, 1988 (hereby canceled)
 - (b) DoD Directive 1400.25, "DoD Civilian Personnel Management System," November 25, 1996
 - (c) DoD 1400.25-M, Subchapter 810, "Injury Compensation," April 12, 2005
 - (d) Office of Workers' Compensation Programs Publication CA-810, as revised January 1999
 - (e) through (i), see Enclosure 1

1. REISSUANCE AND PURPOSE

This Administrative Instruction (AI) reissues Reference (a) to:

1.1. Comply with References (b) through (d); section 552a and chapter 81 of title 5, United States Code (U.S.C.) (Reference (e)); part 353.304 of title 5, Code of Federal Regulations (CFR) (Reference (f)); part 10 of title 20, CFR (Reference (g)); and sections 287 and 1001 of title 18, U.S.C. (Reference (h)).

1.2. Update policy in accordance with Reference (b).

1.3. Update procedures in accordance with Reference (c), which prescribes benefits for civilian employees of the Federal Government for disabilities due to personal injury, disease, or death arising from or within the scope of their employment.

2. APPLICABILITY AND SCOPE

This AI applies to:

2.1. The Office of the Secretary of Defense (OSD), the Office of the Chairman of the Joint Chiefs of Staff, the Defense Agencies, and the DoD Field Activities serviced by Washington

Headquarters Services (WHS), Human Resources Directorate (HRD), Labor and Management Employee Relations Division (LMER) (hereafter referred to collectively as “WHS-serviced activities”).

2.2. All Federal civilian employees whether permanent or temporary, except for nonappropriated fund employees.

2.3. Contract employees, volunteers, and loaned employees under some circumstances. Such determinations shall be made by the Office of Workers’ Compensation Programs, Department of Labor (OWCP, DOL), on a case-by-case basis once a claim is filed.

2.4. Employees injured in the performance of duty. In accordance with Reference (d) and chapter 81 of Reference (e) (commonly known and also referred to in this AI as the “Federal Employees’ Compensation Act” (FECA)), the following injuries are considered to be in the performance of duty:

2.4.1. On Agency Premises. An employee injured on agency premises during working hours is covered by FECA unless engaged in an activity that removes him or her from the scope of employment. Coverage includes injuries that occur while the employee performs assigned duties or engages in activities reasonably associated with the employment. Such activities include use of the premises for the employee’s comfort, health, and convenience and for eating meals and snacks. Agency premises include parking facilities it owns, controls, or manages, and areas immediately outside the building (steps or sidewalks) if these are Federally owned or maintained. The supervisor shall document an injury occurring in such an area by submitting a diagram showing where the injury occurred.

2.4.2. Off-Agency Premises. Coverage is extended to workers such as letter carriers, chauffeurs, and messengers performing service away from the premises. Coverage is also extended to workers sent on errands or special missions, and to workers performing services at an approved alternate work site.

2.4.3. Outside Working Hours. Coverage is extended to employees who are on the premises for a reasonable time before or after working hours (usually considered 30 minutes). It is not extended to employees who are visiting the premises for non-work-related reasons. The supervisor shall verify the time of the injury and provide any information he or she has about the employee’s purpose for being on the premises at the time of the injury.

2.4.4. While Performing Representational Functions. Coverage is extended to employees performing representational functions entitling them to official time.

2.4.5. In Travel Status. Coverage is extended to employees in a travel status 24 hours a day for all reasonable incidents of their temporary duty and for all injuries resulting from activities essential or incidental to the business-related travel.

2.4.6. To and From Work. Employees are NOT covered by FECA when injured en route between work and home. The EXCEPTIONS are when the agency furnishes transportation to and from work, when the employee is required to travel during a curfew or an emergency, or when the employee is required to use his or her vehicle during the workday. Such claims shall be accompanied by a description of the circumstances, a copy of a police report, and a diagram or map showing how the accident occurred.

2.4.7. Other. Some injuries occur under circumstances that are NOT governed by the premises rule. These shall be determined on a case-by-case basis by OWCP.

3. DEFINITIONS

Terms used in this AI are defined in Enclosure 2.

4. POLICY

According to Reference (b), it is DoD policy that:

4.1. Management officials and employees shall create and maintain an awareness of safety requirements at all times. They shall comply with DoD safety and health policies to maintain a safe work environment and reduce the risks of work-related injury, illness, and/or death.

4.2. Employees shall receive prompt medical attention and full assistance for injuries or occupational illnesses incurred while performing their duties. Employees have the right to choose their source of medical care without fear of coercion or intimidation, including the use of any Government-owned civilian healthcare facility or a private physician or emergency medical service.

4.3. Employees and/or supervisors shall promptly complete and submit reports of all accidents, both major and minor, resulting in injuries or illnesses. Employees shall promptly report on-the-job injuries to their immediate supervisor. Supervisors shall promptly and accurately report the injury to OWCP, DOL, through WHS, HRD, LMER, to accommodate the fair and equitable settlement of claims.

4.4. Supervisors and managers shall be dedicated to returning injured employees to suitable employment. Injured employees who are unable to return to work after exhausting continuation of pay (COP) shall be placed in a leave without pay (LWOP) status for a period of 1 year from the date compensation begins. The 45-day period of COP is excluded because COP is not considered compensation. Also excluded is any period of approved sick or annual leave an employee elects.

4.5. No manager, supervisor, or employee of a WHS-serviced activity shall attempt to prevent or hinder an employee from filing a claim under any circumstances regardless of any opinion held relative to the merits of the claim.

4.6. An injured worker is entitled to a first choice of physician or facility for treatment of an injury. Supervisors should encourage employees to go to the WHS-serviced activity's Occupational Health Clinic (if available) to be evaluated and referred according to the employee's preference of medical care; however, an employee's acceptance of such a referral is not mandatory, nor shall it be construed as the employee's initial choice of attending physician.

5. RESPONSIBILITIES

5.1. The Director, HRD, WHS, shall appoint an Injury Compensation Program Administrator (ICPA) in LMER who shall:

5.1.1. Ensure the Federal Employees' Compensation Program is publicized and that supervisors and employees are kept aware of information concerning injury compensation and filing claims.

5.1.2. When notified about a job-related injury or illness or an actual or potential claim, provide prompt assistance to the supervisor and employee by ensuring pertinent forms are properly and timely completed. (The ICPA has final responsibility for the technical adequacy of all documents sent to OWCP. Although not responsible for the accuracy of information provided and entered on forms by the employee, supervisor, or witnesses, the ICPA must obtain clarification for conflicting or confusing statements.)

5.1.3. Inform supervisors and employees of benefits and reporting procedures required in administering FECA.

5.1.4. Counsel employees who suffer traumatic injury or occupational disease concerning specific procedures and requirements for submitting claims.

5.1.5. Authenticate claims submitted in the Electronic Data Interchange (EDI) system and forward them to OWCP.

5.1.6. Forward appropriate claims forms and medical documentation to OWCP. After this is done, OWCP shall deal directly with the employee.

5.1.7. Retain and dispose of records not required to be submitted to OWCP according to AI 15 (Reference (i)).

5.1.8. Monitor the recovery of disabled employees and maintain contact with claimants.

5.1.9. Work closely with OWCP-directed field nurses and OWCP rehabilitation counselors in returning employees to duty.

5.1.10. Inform examining physicians in writing of possible light-duty assignments and request specific medical information.

5.1.11. Monitor COP to ensure it does not exceed 45 calendar days.

5.1.12. Provide guidance to employees regarding procedures required to request reimbursement of wages lost due to LWOP.

5.1.13. Inform employees of their rights and responsibilities under the program. An employee being separated or placed on LWOP as a result of a compensable injury or disease shall be informed of:

5.1.13.1. The impact upon benefits such as health and life insurance, leave, and retirement.

5.1.13.2. Restoration rights and how to exercise them.

5.1.13.3. Any options available, such as disability retirement.

5.1.13.4. Applicable time limits.

5.1.13.5. What is expected of the employee, to include the employee's obligation to seek restoration as soon as the medical condition permits.

5.1.13.6. The employee's appeal rights.

5.1.14. Make written job offers to recovering, recovered, and partially recovered claimants. Placement actions may include temporary assignments to light duty, job restrictions, reassignment, change to a lower grade with saved pay, and placement assistance.

5.1.15. Ensure that recovered individuals on the reemployment priority list are given *bona fide* consideration and placed in vacancies for which they are qualified.

5.1.16. Certify the accuracy of all charges and chargeback codes on the DOL Quarterly Chargeback billing lists and report any errors to the supporting DoD liaison.

5.2. The Director, Safety and Environmental Management, Engineering Technical Service Division, Defense Facilities Directorate (ETSD, DFD), WHS, shall:

5.2.1. Assist supervisors in investigating and reporting accidents when requested.

5.2.2. Identify and recommend corrective actions for unsafe working conditions after an accident or as appropriate.

5.3. The Director, Pentagon Civilian Employees Health Service (CEHS), under the authority, direction, and control of the Secretary of the Army, shall:

5.3.1. Provide assessment evaluation and initial medical treatment for any employee with a workplace injury or illness who chooses to use the CEHS clinic for first-level care.

5.3.2. Summon emergency medical service for serious/life-threatening injuries by dialing 911. The call is automatically routed through the Pentagon Force Protection Agency to the Arlington County Rescue Squad and to the Pentagon Clinic Emergency Response Teams. If the injury occurs after normal (7:00 a.m. to 4:00 p.m.) working hours, only the Arlington County Rescue Squad will respond.

5.3.3. Provide injured individuals the Work Injury Record for Supervisors form maintained at the CEHS clinic. The form is completed by both the employee and clinic personnel. It is provided to the supervisor to assist in determining the individual's employment status based on the extent of the injury and whether work restrictions apply. The employee is not required to complete this form as part of the process of filing a claim, but should be encouraged to do so as it assists the supervisor in determining the extent of disability that may require accommodation.

5.3.4. Review, evaluate, and recommend light-duty or limited-duty assignments; make recommendations on employee placements involving work limitations upon the ICPA's request.

5.3.5. Conduct a medical review of complex and controversial cases upon the ICPA's request. The ICPA shall forward the medical review to OWCP to support or contest a claim for a work-related injury or occupational disease.

5.4. The Heads of the WHS-Serviced Activities shall:

5.4.1. Protect employee interests and safeguard the Government against payments and claims not covered under FECA.

5.4.2. Maintain safe and healthy working conditions and practices.

5.4.3. Ensure supervisors are informed of their program responsibilities; consider supervisors' execution of program responsibilities when rating supervisory performance.

5.5. Supervisors shall:

5.5.1. Ensure all employees understand their responsibilities for accident prevention, procedures to follow for reporting accidents, and the requirement to report accidents immediately when they occur.

5.5.2. When apprised that an employee has sustained a traumatic injury or is disabled due to an occupational illness, provide the employee with Form CA-1, "Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation," or Form CA-2,

“Federal Employee’s Notice of Occupational Disease and Claim for Compensation,” as appropriate. Provide the employee a copy of the occupational disease checklist appropriate to the condition and arrange for submission of information on the checklist that is requested from the employing agency. Upon receipt of the executed form, review for completeness and accuracy, complete and sign the form on the reverse, and furnish a copy to the employee and the original documents to the responsible administrative officer (AO) within the organization. Supervisors shall ensure the privacy of any medical documents and forward them in sealed envelopes to the responsible parties (e.g., the responsible AO).

5.5.3. Follow the procedures established by this AI for referring injured employees to the Pentagon CEHS for evaluation and first-aid treatment when practical. When use of the Pentagon CEHS is not elected, complete Form CA-16, “Authorization for Examination or Treatment,” to enable the employee to seek care from a physician or medical facility of his or her choice.

5.5.4. Utilize civilian or local Government emergency services in emergency situations if the employee is located outside the Pentagon.

5.5.5. Complete Form CA-16 if the employee requires medical treatment within 4 hours of the claimed injury. If the supervisor gives verbal authorization for such medical treatment, he or she should issue a Form CA-16 to the medical facility within 48 hours. The employer is not required to issue a Form CA-16 more than 1 week after the occurrence of the claimed injury. A Form CA-20, “Attending Physician’s Report,” is issued if the injury is reported after 1 week.

5.5.6. Inform the employee of the right to elect COP, annual leave, sick leave, or LWOP if time loss from work will occur.

5.5.7. Investigate all reports of on-the-job injury to determine the facts and circumstances; controvert the claim for COP if warranted and contest the claim itself if it does not meet basic FECA requirements.

5.5.8. Advise the employee whether COP will be controverted, and if so, whether pay will be terminated. Explain the basis for the action to the employee and document the explanation in item #35 on the reverse of Form CA-1.

5.5.9. Make every effort to keep an employee in the job following injury or, if this is not feasible, to return the employee to work as soon as possible. Increase the opportunity for return of temporarily disabled employees to light-duty assignments and for restructuring positions for partially disabled employees.

5.5.10. Modify the duties of a position to facilitate retraining an injured employee at the job site or identify another position more suitable for placement when an employee has permanent restrictions.

5.5.11. Enforce safety regulations and the wearing of required protective equipment and clothing; take appropriate disciplinary action against employees for failure to comply.

5.6. AOs shall:

5.6.1. Maintain a supply of forms listed in Enclosure 3 for the use and convenience of supervisors and employees.

5.6.2. If applicable, receive injury forms and medical documentation from injured employees and/or supervisors and send all documents to the ICPA.

5.6.3. Ensure claims forms are completely filled out with information such as social security number, address, and date and time of injury; enter the information from the claim form into the EDI system within 2 days of receipt from the supervisor.

5.6.4. Forward a copy of the Employee Rights and Responsibility Letter, which is generated upon completing the claim form entry in the EDI system, to the injured employee. This letter is provided to assist the ICPA and supervisor in counseling injured employees about their rights and entitlements as well as their responsibilities when filing a workers' compensation claim under FECA.

5.6.5. Submit a Standard Form (SF) 52, "Request for Personnel Action (RPA)," for LWOP in excess of 80 hours when an employee is in receipt of compensation from OWCP due to an on-the-job injury or occupational disease. The required remark on the SF 52 is: "To [or expected to] be paid under chapter 81 of title 5, United States Code." The not-to-exceed date shall be established based on the return to duty date/prognosis outlined in the medical documentation.

5.7. Employees shall:

5.7.1. Observe all safety instructions, procedures, and regulations including the proper use of personal protective equipment and clothing.

5.7.2. Report all job-related injuries or illnesses to their supervisor immediately using the appropriate form.

5.7.3. Report for medical treatment as prescribed by this AI or as directed by their supervisor. Obtain medical evidence that supports disability for work if applicable.

5.7.4. Advise their supervisor when they are medically released for light duty; seek restoration or return to duty as soon as the medical condition permits.

6. PROCEDURES

6.1. Traumatic Injury

6.1.1. When an employee sustains a traumatic injury in the performance of duty, the employee shall complete Form CA-1 and give it to the supervisor as soon as possible but not

later than 30 days from the date of injury. If the employee is incapacitated, this may be accomplished by someone acting on his or her behalf such as a family member, union official, or agency official. The form must contain the original signature of the person giving notice.

6.1.2. After receiving Form CA-1, the supervisor shall:

6.1.2.1. Review it for completeness and accuracy (all items must be completed using “N/A” if not applicable) and assist the claimant in correcting any deficiencies. Complete and sign the form on the reverse and provide his or her contact telephone number. Sign the receipt attached to the form and return it to the employee with a complete copy of the form.

6.1.2.2. Authorize medical care if needed by completing Form CA-16. Provide the employee the option to seek medical treatment at the Pentagon CEHS if practical and appropriate. In an emergency, if the patient is unable to go to CEHS, the supervisor may authorize medical treatment by telephone. When use of CEHS is not practical or the employee wishes to use his or her private physician, complete Form CA-16 and give the original form to the employee, who may then seek care from a private physician or medical facility.

6.1.2.3. Approve COP if the employee so elects UNLESS at least 1 of the 9 factors exist that would allow the supervisor or agency to controvert the claim consistent with chapter 81 of Reference (e). Controverting a claim is initially a supervisory determination, but DOL makes the final determination regarding entitlement to benefits. Controverted claims must be coordinated with the ICPA prior to denying COP. The 9 factors for controverting a claim are:

6.1.2.3.1. The disability was not caused by a traumatic injury.

6.1.2.3.2. The employee is a volunteer working without pay or for nominal pay, or is a member of the office staff of a former President.

6.1.2.3.3. The employee is not a citizen or resident of the United States or Canada.

6.1.2.3.4. The injury occurred off the employing agency’s premises and the employee was not involved in official duties off agency premises.

6.1.2.3.5. The injury was proximately caused by the employee’s willful misconduct, intent to bring about injury or death to self or another person, or intoxication.

6.1.2.3.6. The injury was not reported on Form CA-1 within 30 days following the injury.

6.1.2.3.7. Work stoppage first occurred 45 days or more following the injury.

6.1.2.3.8. The employee initially reported the injury after his or her employment was terminated.

6.1.2.3.9. The employee is enrolled in the Civil Air Patrol, Peace Corps, Youth Conservation Corps, Work Study Program, or other similar group.

6.1.2.4. Advise the employee whether COP will be controverted, and, if so, whether pay will be terminated. Explain the basis for the action to the employee and provide a written explanation in item #35 on the reverse of Form CA-1.

6.1.2.5. Advise the employee of his or her responsibility to submit initial medical evidence (*prima facie*) of disability within 10 workdays or risk termination of COP.

6.1.2.6. Forward completed forms to the AO for input into the EDI system within 2 days of receipt from the employee. Forward medical documentation to the AO in a sealed envelope.

6.1.3. The AO shall enter the claim into the EDI system within 2 days of receipt from the supervisor and forward the entire package to the ICPA, LMER.

6.1.4. If the injury/occupational disease results in no lost time and no medical expense, the Form CA-1 or Form CA-2 is filed for the record. If the employee elects treatment at the WHS-serviced activity's occupational health clinic, the Form CA-1 or Form CA-2 is permanently filed in the employee's medical file, located at the WHS-serviced activity's Occupational Health Clinic. If the employee does not seek medical treatment at the activity's occupational health clinic, the Form CA-1 or Form CA-2 is permanently filed with WHS/LMER.

6.1.5. The employee is entitled to select the physician and/or facility that is to provide treatment consistent with Reference (d). If the physician or facility information is available, the supervisor shall enter it in block #1 of Form CA-16 before giving the form to the employee. After the initial selection, the employee may change the treating physician only with written approval from OWCP. The employee shall provide the reasons for requesting the change to OWCP in writing.

6.1.6. If an employee is incapacitated for duty, the employee is responsible for obtaining and providing substantiating medical documentation.

6.2. Occupational Illness or Disease

6.2.1. An injured employee, or someone acting on his or her behalf, shall provide notice of the occupational disease on Form CA-2. Statutory requirements shall be met if Form CA-2 is filed no later than 3 years after the date the employee first became aware of the illness or disease or if the employer had prior knowledge of the illness or disease.

6.2.2. After receiving Form CA-2, the supervisor shall:

6.2.2.1. Review it for completeness and accuracy (all items must be completed using “N/A” if not applicable) and assist the claimant in correcting any deficiencies. Complete and sign the form on the reverse and provide his or her contact telephone number. Sign the receipt attached to the form and return it to the employee with a complete copy of the form.

6.2.2.2. Provide the employee with two copies of the appropriate Form CA-35 A-H, “Occupational Disease Checklist.” Explain to the employee the requirement for detailed information and advise him or her to submit substantiating medical and factual information requested on the checklist. If possible, the employee shall submit this information with the form.

6.2.2.3. Review the employee’s portion of the form and provide written comments on the employee’s statement.

6.2.2.4. Prepare a supporting statement, to include exposure data, test results, copies of previous medical examinations, and/or witness statements, depending on the nature of the case.

6.2.2.5. Advise the employee of the right to elect sick leave, annual leave, or LWOP pending adjudication of the claim.

6.2.2.6. Submit the completed Form CA-2 to the AO for entry into the EDI system within 2 workdays of receipt from the employee. The supervisor shall not hold Form CA-2 for receipt of supporting documentation.

6.2.3. Occupational disease cases are not eligible for COP.

6.3. Recurrences. If a disability recurs, the employee and supervisor shall complete and submit Form CA-2a, “Notice of Employee’s Recurrence of Disability and Claim for Pay/Compensation,” through the ICPA to OWCP. An employee suffering a recurrence may use COP if no more than 45 days have elapsed since the date of first return to work, including part-time work or light or limited duty. If the recurrence begins later than 45 days after first return to work, the agency shall not pay COP even though some days of entitlement remain unused.

6.4. Restoration Rights. The restoration rights described below apply to all employees except those serving under a time-limited appointment.

6.4.1. Fully Recovered Within 1 Year. A disabled employee has mandatory restoration rights for a period of 1 year from the date compensation begins. The 45-day period of COP is excluded because it is not considered compensation. Also excluded is any period of sick or annual leave the employee elects to take. An employee shall be restored immediately and unconditionally to the former position, or, with the employee’s concurrence, to an equivalent position in the commuting area in which the employee was formerly employed.

6.4.2. Fully Recovered After 1 Year. An employee who takes longer than 1 year to recover and who has been separated from Federal employment because of injury or occupational disease is entitled to priority consideration for the former position or an equivalent position if the employee applies for restoration within 30 days of the date compensation ceases, or within 30 days of the resolution of an appeal for continuation of compensation.

6.4.3. Physically Disqualified. Within 1 year of the date compensation begins, an employee who is physically disqualified for the position previously held, or for an equivalent position, is entitled to be placed in a position for which qualified that most closely approximates the seniority, status, and pay to which he or she would otherwise have been entitled, consistent with the circumstances in each case. After 1 year, an employee is entitled to the rights afforded employees who fully or partially recover, as applicable.

6.4.4. Partially Recovered. A partially recovered employee has no right to restoration; however, every effort shall be made to place the employee in an appropriate position in the commuting area. This shall include re-engineering the former position if feasible or placing the employee in any other position he or she is able to perform.

6.5. Status on Restoration. An employee who is restored following a compensable injury or disease is treated as though he or she had never left. Although an employee does not earn sick and annual leave while off the rolls or in a non-pay status, the entire period the employee was receiving COP or compensation is creditable for purposes of rights and benefits based upon length of service, including within-grade increases, career tenure, and completion of a probationary period.

6.6. Appeals

6.6.1. In accordance with Reference (f), an employee may appeal the following actions to the Merit Systems Protection Board (MSPB):

6.6.1.1. Failure of the agency to restore the employee after giving proper notice within the time limits specified.

6.6.1.2. Improper restoration of the employee.

6.6.1.3. Failure to return the employee to duty following a leave of absence.

6.6.2. Injured employees who partially recover may also appeal to the MSPB for:

6.6.2.1. A determination of whether the agency is acting arbitrarily and capriciously in denying them restoration.

6.6.2.2. A determination of whether the agency failed to properly credit time spent on compensation for purposes of rights and benefits based upon length of service.

6.7. Death. When an employee dies because of an injury or occupational disease incurred in the performance of duty, the ICPA shall immediately notify OWCP and shall complete Form CA-6, "Official Superior's Report of Employee Death," to report the death. The ICPA shall also contact any survivors, provide them with claim forms, and assist them in preparing any claims.

6.8. Penalties. In accordance with part 10.16 of Reference (g):

6.8.1. An employee who knowingly makes or knowingly certifies to any false statement, misrepresentation, concealment of fact, or any other act of fraud with respect to a claim under FECA, or who knowingly accepts compensation to which he or she is not entitled, is subject to criminal prosecution and may, according to Reference (h), be punished by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both.

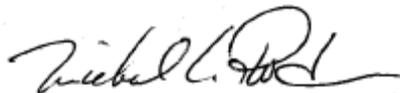
6.8.2. A claimant convicted of fraud as a result of a claim under FECA shall have benefits suspended as of the effective date of conviction in accordance with chapter 81 of Reference (e). For example, a beneficiary who defrauds the government with regard to workers' compensation benefits forfeits entitlement to all future Federal workers' compensation benefits upon conviction; the benefits are not suspended upon incarceration in this instance. Benefits are suspended while a claimant is incarcerated following a felony conviction not related to Federal workers' compensation fraud.

7. INFORMATION REQUIREMENTS

OWCP forms and checklists referred to herein are covered under the protections of section 552a of Reference (e) (commonly known and also referred to in this AI as the Privacy Act). Enclosure 3 provides specific information on OWCP forms cited in this AI, including occupational checklists in support of claims.

8. EFFECTIVE DATE

This AI is effective immediately.



Michael L. Rhodes
Director

Enclosures – 3

- E1. References, continued
- E2. Definitions
- E3. Forms and Checklists

E1. ENCLOSURE 1

REFERENCES, continued

- (e) Section 552a and Chapter 81 of title 5, United States Code
- (f) Part 353.304 of title 5, Code of Federal Regulations
- (g) Part 10 of title 20, Code of Federal Regulations
- (h) Sections 287 and 1001 of title 18, United States Code
- (i) Administrative Instruction 15, Volume I, "Administrative Procedures for the Office of the Secretary of Defense (OSD) Records Management Program," November 14, 2006, and Volume II, "Records Disposition Schedules," August 11, 1994

E2. ENCLOSURE 2

DEFINITIONS

E2.1. Contest a Claim for Compensation. The informal administrative procedure through which the Department of Defense presents evidence to OWCP to challenge an employee's claim for compensation. The Department of Defense may contest a claim if it does not meet the basic FECA requirements (i.e., the claim was not filed in a timely manner, the claimant was not a Federal employee, the employee did not in fact sustain an injury, the injury was not sustained in the performance of duty, or a causal relationship between the injury and the performance of duty was not established). Contested claims shall be thoroughly documented and submitted at the earliest date the facts are available.

E2.2. Controvert a Claim for COP. The informal administrative procedure through which DoD management presents evidence to OWCP to dispute COP. Management may controvert a claim if it is in conflict with the provisions of chapter 81 of Reference (e). (The nine reasons for controverting a claim are listed in paragraph 6.1.2.3. of this AI and on the reverse side of Form CA-1.) Controversions shall be thoroughly documented and submitted at the earliest date the facts are available.

E2.3. COP. Continuation of regular pay to a traumatically injured employee with no charge to sick or annual leave for the first 45 calendar days of disability. COP is not compensation and is not provided for occupational disease or illness. COP is subject to taxes and all other usual payroll deductions. COP shall be authorized only if the injured worker provides medical documentation that supports any periods of absences due to the work-related injury. Such documentation must be submitted within 10 workdays of the date disability begins.

E2.4. EDI. A technical solution that allows defense activities to complete Forms CA-1 and CA-2 online and submit them via the Internet to OWCP through the ICPA. The EDI system also generates an initial Occupational Health and Safety Administration (OSHA) Form 301, "Injuries and Illnesses Incident Report," which is electronically distributed to the employee's supervisor and the Office of Safety and Environmental Management, ETSD, DFD, WHS. The OSHA Form 301 serves as notification of the injury to the Office of Safety and Environmental Management in accordance with Privacy Act disclosure guidelines.

E2.5. FECA (Chapter 81 of Reference (e)). The source of entitlement of compensation benefits for Federal workers. Reference (g) more fully describes the provisions of the law and contains additional information about administration of the Federal Employees' Compensation Program.

E2.6. Fraud. An intentional deceptive act or series of acts committed by an individual with the specific intent to cause the Department of Defense or OWCP to award benefits under FECA to which the individual is not entitled.

E2.7. Fully Recovered. Term applies to an employee whose compensation payments or eligibility for compensation have been terminated on the basis that he or she is able to perform all the duties of the former position or an equivalent one.

E2.8. ICPA. The individual appointed by the Director, HDR, to oversee and be responsible for the Federal Employees' Compensation Program within WHS. The ICPA serves as the WHS focal point for all aspects of the program, coordinating the efforts of safety officials, occupational health officials, supervisors and other management officials, and local labor representatives, as appropriate.

E2.9. Leave Buy-Back. A procedure whereby an employee may have leave restored to his or her account if it was initially used due to a job-related injury. The application for leave buy-back must be submitted to the agency within 1 year from the date the leave is used, or from the date the claim is approved by OWCP, whichever is later.

E2.10. Light Duty. An assignment to productive duty of an employee who is partially disabled from a job-related injury or illness and is unable to perform his or her regular duties. The employee's return to work must be recommended by the appropriate medical authority and the assigned tasks must be fully consistent with the physical limitations specified by the medical authority.

E2.11. Occupational Disease. An illness or disease produced by systemic infections; conditions of repeated stress or strain; exposure to toxins, poisons, fumes; or other continued and repeated exposure to the work environment over a period greater than a single day or work shift. Persons suffering from occupational diseases are limited to injury compensation payments provided by FECA or to sick leave, annual leave, or LWOP.

E2.12. OWCP. The DOL office that has overall responsibility for administration of FECA.

E2.13. Partially Disabled. Term applies to an employee whose injury or illness precludes return to regular duty but does not prevent him or her from pursuing gainful employment in another available occupational area.

E2.14. Partially Recovered. Term applies to an employee who, though not yet able to resume the full range of his or her regular duties, has recovered sufficiently to return to part-time or light duty or to another position with less demanding physical requirements. Ordinarily, a partially recovered employee is expected to fully recover.

E2.15. Physically Disqualified (Medically Disqualified). Term applies to an employee who meets one of two conditions: is unable for medical reasons to perform the duties of the position formerly held or of an equivalent one, or is restricted because of possible incapacitation or risk of health impairment from performing some or all essential duties of the position formerly held or of an equivalent one.

E2.16. Physician. Defined in section 8101(2) of chapter 81 of Reference (e).

E2.17. Recurrence. A disability that causes a work stoppage, incurred by a previously injured employee after returning to work, where the disability and work stoppage directly result from the previous injury. A work stoppage is not a recurrence of a disability if it is caused by a condition that results from a new incident or injury regardless of whether the incident or injury is to the same portion of the body previously injured or from a new exposure to the cause(s) of a previous occupational disease.

E2.18. Traumatic Injury. A wound or other condition of the body caused by external force, including stress or strain. The injury must be identifiable by time and place of occurrence and member of the body affected; it must be caused by a specific event or incident, or series of events or incidents, within a single day or work shift. For example, a strained back caused by lifting a heavy box would be a traumatic injury. Traumatic injuries also include damage to or destruction of prosthetic devices or appliances. Eyeglasses and hearing aids are accepted if damaged or destroyed as a direct result of a job-related personal injury requiring medical attention. Only traumatic injuries entitle employees to COP.

E3. ENCLOSURE 3
FORMS AND CHECKLISTS¹

Table E3.1. OWCP Forms for Processing Injury/Disability Claims

FORM NO.	FORM TITLE	PURPOSE	PREPARED BY	WHEN SUBMITTED
CA-1	Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation	Notifies supervisor of a traumatic injury and serves as report to OWCP when the employee has sustained a traumatic injury.	Employee or someone on employee's behalf; witness (if any); supervisor.	Employee--within 2 workdays; Supervisor--within 2 workdays following receipt from the employee.
CA-2	Federal Employee's Notice of Occupational Disease and Claim for Compensation	Notifies supervisor of an occupational disease and serves as report to OWCP.	Employee or someone on employee's behalf; witness (if any); supervisor.	Employee--within 30 days; Supervisor--after receipt from the employee.
CA-2a	Notice of Employee's Recurrence of Disability and Claim for Pay/Compensation	Notifies OWCP after employee's return to work that employee is again disabled due to prior injury or disease. Also, claim for COP based on recurrence.	Supervisor	Immediately upon receiving notice that the employee has suffered a recurrence.
CA-5	Claim for Compensation by Widow, Widower, and/or Children	Claims compensation on behalf of these dependents when injury results in death.	Person claiming compensation (for self or on behalf of children); attending physician.	Within 30 days, but not later than 3 years after death.
CA-5b	Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren	Claims compensation for these dependents when injury results in death.	Person claiming compensation (or guardian on behalf of children); attending physician.	Within 30 days, but not later than 3 years after death.
CA-6	Official Superior's Report of Employee's Death	Notifies OWCP of the employment-related death of an employee.	Supervisor	Immediately upon knowledge by supervisor of the employment-related death of an employee.

¹ Forms in this Enclosure may be obtained from a WHS-serviced activity AO or at the following website:
<http://www.dol.gov/esa/regs/compliance/owcp/forms.htm>

Table E3.1. OWCP Forms for Processing Injury/Disability Claims, continued

FORM NO.	FORM TITLE	PURPOSE	PREPARED BY	WHEN SUBMITTED
CA-7 (Also see CA-20)	Claim for Compensation	Claims compensation if disability is expected or has resulted in permanent impairment and loss of wage-earning capacity.	Employee or someone acting on employee's behalf; supervisor.	For traumatic injury, not more than 5 workdays before the termination of the 45 days.
CA-16 (Also see OWCP- 1500)	Authorization for Examination and/or Treatment	Authorizes an injured employee to obtain examination and/or treatment for up to 60 days and provides OWCP with initial medical report.	Part A-- Supervisor; Part B-- Attending physician.	By supervisor within 4 hours of a traumatic injury; may be issued up to 1 week after injury.
CA-17	Duty Status Report	Provides supervisor and OWCP with interim medical report as to employee's ability to return to any type of work.	Supervisor; attending physician.	Promptly upon completion of examination or most recent treatment.
CA-20	Attending Physician's Report	Provides medical support for claim and is attached to Form CA-7; provides OWCP with medical information.	Attending physician.	Promptly upon completion of examination or recent treatment.
CA-35A-H	Occupational Disease Checklist (See Table E3.2.)	Provides employee and agency with list of information needed by OWCP in connection with claim filed on CA-2.	Employee; supervisor; ICPA.	Promptly upon submission of CA-2.
OWCP-1500	Federal Employee's Compensation Medical Provider's Claim Form	Provides OWCP with standard billing form to facilitate payment of medical bills. Form should accompany CA-16 when employee is referred to a physician.	Attending physician; employee must sign in item 12.	Promptly upon completion of examination or treatment; physician may submit in usual billing cycle.

Table E3.2. OWCP Occupational Checklists for Evidence in Support of Injury/Disability Claims

FORM NO.	FORM TITLE
CA-35A	“Evidence Required in Support of a Claim for Occupational Disease”
CA-35B	“Evidence Required in Support of a Claim for Work-Related Hearing Loss”
CA-35C	“Evidence Required in Support of a Claim for Asbestos-Related Illness”
CA-35D	“Evidence Required in Support of a Claim for Work-Related Coronary/Vascular Condition”
CA-35E	“Evidence Required in Support of a Claim for Work-Related Skin Disease”
CA-35F	“Evidence Required in Support of a Claim for Work-Related Pulmonary Illness (not asbestosis)”
CA-35G	“Evidence Required in Support of a Claim for Work-Related Psychiatric Illness”
CA-35H	“Evidence Required in Support of a Claim for Carpal Tunnel Syndrome”