

USAFACFS Pam 690-15

DEPARTMENT OF THE ARMY
Headquarters, U.S. Army Field Artillery Center and Fort Sill
Fort Sill, Oklahoma 73503-5100

ON-THE-JOB INJURIES

**SUPERVISOR'S
GUIDE TO WORKERS'
COMPENSATION**

MAY 1990

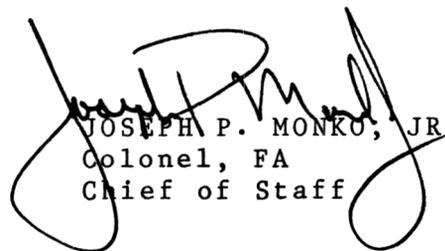
FOREWORD

The Office of Worker's Compensation Programs (OWCP) of the Department of Labor is responsible for administering the Federal Employees' Compensation Act (FECA). OWCP has the exclusive authority to decide the validity of any claim presented under FECA. The benefits provided by FECA are the sole remedy against the United States for employment-related injury or death.

This handbook has been developed for you, the first-line supervisor of Fort Sill Federal civilian employees. It is designed to promote a better understanding of the supervisor's role and responsibilities in the management and control of the on-the-job injury compensation program for civilian employees. The material in this handbook is based on law, established Government regulations, and USAFACFS Regulation 690-15.

As a supervisor, you are required to provide direct support to any injured employee, the installation FECA Program Administrator, and OWCP. This pamphlet outlines the things you are required to do in this capacity and makes it easier for you to do them. It provides the general instructions you should follow in reporting injuries, evaluating claims of injury, and processing the basic forms that you, as a supervisor, are obligated to control. How you apply these instructions will ultimately determine their effectiveness in providing an economically-managed program that affords injured employees timely medical treatment, appropriate accommodation should they return to work, and due process of their claims for compensation.

It is not anticipated that this handbook will cure all. It will not reduce on-the-job injuries or compensation costs to zero, but it can be an effective management tool for the supervisor. "I Guarantee It."



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 Fort Sill, Oklahoma 73503-5100

USAFACFS Pamphlet
 No. 690-15

31 May 1990

Civilian Personnel
 ON-THE-JOB INJURIES

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CHAPTER 1

GENERAL

1-1. PURPOSE. This handbook promotes a better understanding of the supervisor's role in management and control of the Command's job-related injury compensation program. It assists the first-line supervisors of civilian employees in carrying out his/her responsibilities in the total management of the Fort Sill FECA Program.

1-2. FECA MANAGEMENT RESOURCES. Fort Sill employee supervisors are responsible for management and control of the job-related injuries compensation program in the activities under their supervision. Injury prevention, safety training, explaining benefits, counseling, making accommodation for recovered/recovering employees, processing claims for compensation, and claims controversion are all supervisor responsibilities. This handbook and other specialized resources are available to assist supervisors in performing these tasks. Specialized resources include:

a. The Directorate of Civilian Personnel (DCP) Staff. DCP has four organizational units to assist the supervisor in solving problems associated with this program. These units are: (1) the Recruitment and Placement Branch assists the supervisor in placing employees who have recovered or remain partially disabled with mandatory restoration or priority placement rights; (2) the Retirement and Insurance Section, staffed with the FECA Program Administrator, FECA clerk, and Retirement and Insurance specialist provides extensive support to supervisors in claims processing, tracking injury cases, counseling employees, coordination of rehabilitation programs, and assistance in preparing written notification of job offers and light or limited duty that is available; (3) the Management Employee Relations Branch provides technical assistance in preparing written notification of adverse actions resulting from medical unfitness for duty or misconduct under the provisions of FECA; (4) the Training and Development Branch arranges training of supervisors in the overall administration of the FECA Program, Occupational Health, and Safety. Satellite Education Program (SEP) courses and workshops are arranged as need becomes apparent and they are made available.

b. The Fort Sill Office of Occupational Health Staff. The Office of Occupational Health provides assistance in the prevention of both traumatic injuries and occupational diseases through workplace monitoring and testing, fitting of protective clothing and equipment, and periodic physical examinations.

c. The Artillery Branch Safety Office Staff. The Artillery Branch Safety Office is prepared to provide assistance in correcting unsafe conditions in the workplace, training of activity safety officers, establishment of hazard abatement programs, and publicity of accidents and analyses of their causes.

d. Activity Safety Officers. Organizations are required to appoint safety officers, ensure their training, and support them in the performance of their duties. An activity safety officer should be a key source of support for the first-line supervisor in the prevention of on-the-job injuries and occupational disease. Their primary duties include advising and assisting in the development, organization, and administration of the installation accident prevention program.

e. Department of the Army Regulations and Policies. Department of the Army directives are designed to establish overall policies for implementation and execution of accident prevention and workers' compensation programs throughout the Army.

f. USAFACFS regulations, pamphlets, safety bulletins, and other command publications are designed for local implementation, adaptation, and execution of the Army Accident Prevention Program, the FECA Program, and the Command's current policies.

g. The Fort Sill civilian employee is one of the best sources of assistance in accident prevention. Frequently, he/she will "see" an accident before it happens. Communication between supervisors and employees can lead to a sound and effective hazard abatement program and a significant reduction in on-the-job injuries.

h. Reynolds Army Community Hospital (RACH) serves as the Installation's primary medical treatment facility (MTF). It provides initial examination and evaluation of employees with on-the-job traumatic injuries. The hospital emergency room offers treatment for employees injured on the job and provides services to initially stabilize injured employees who have elected a private physician for treatment.

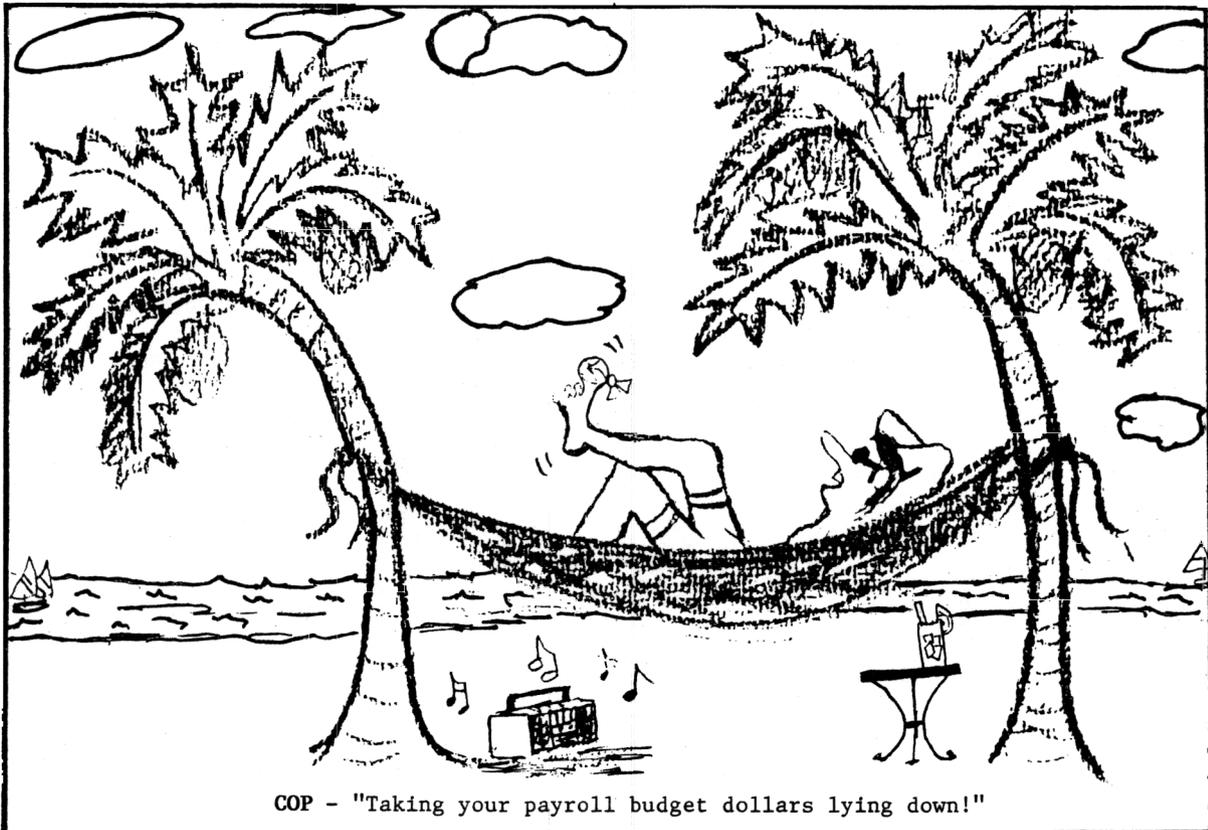
CHAPTER 2

ADMINISTRATION

2-1. GENERAL. This chapter is devoted to the actual administrative support of the FECA Program at the installation level. As a supervisor, your responsibilities are numerous. Extensive attention to detail is a crucial element in the successful accomplishment of the tasks required of you.

In the following sections, what do, when o do i and how to do it are explained in detailed instructio These tailed instructions and the installation policies and proced s prescr ed by USAFACFS Reg 690-15 should be of great help in improving your formance nd achievements in supporting the FECA Program.

Each action in this process is a milestone that has to be reached to guarantee due process for the injured employee and effect successful management of the program. Adherence to regulatory time frames in all actions described in this section is critical in expediting due process, preventing pay interruption, and ultimately reducing program costs.



THE ADMINISTRATIVE SUPPORT PROCESS.

a. Traumatic Injury.

SITUATION	ACTION REQUIRED		
	SUPERVISOR	EMPLOYEE	FECA PROGRAM ADMINISTRATOR
(1) <u>Injury occurs.</u>	<p>Issues Form CA-1 to employee with instructions to provide detailed information in blocks 1-16 regardless of whether lost time after the day of injury is anticipated.</p> <p>Advises the employee:</p> <ul style="list-style-type: none"> o To elect leave, LWOP, or COP in case time is lost after the day of injury. o To provide prima facie evidence of any disability within 10 days for COP. o If the claim is going to be controverted (with or without pay) and why. o To return the CA-1 with blocks 1-16 completed within 2 days. <p>Initiates investigation of the accident.</p> <p>Seeks out and identifies any witnesses.</p> <p>Takes immediate action to preclude other accidents of the same source.</p> <p>Reviews the CA-1, blocks 1-16, for accuracy, completeness, and detail.</p> <p>Assists the employee in making any corrections in entries on the CA-1.</p>	<p>Completes blocks 1-16 on the CA-1 and returns it to his/her supervisor within 2 days.</p>	

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SITUATION	ACTION REQUIRED		
	SUPERVISOR	EMPLOYEE	FECA PROGRAM ADMINISTRATOR
<p>(a) If no time is lost after the day of injury and no medical expense is incurred.</p> <p>(b) If no time is lost after the day of injury and medical expense is incurred or is expected.</p> <p>(c) If time is to be lost after the day of injury and will be covered by COP, leave, or LWOP.</p>	<p>Provides the employee with a completed "Receipt of Notice of Injury" and the Privacy Act statement.</p> <p>Advises the employee to keep the receipt in case proof is needed in the future.</p> <p>Has witnesses to the injury provide the information and statement required in block 17 of the CA-1. (Witnesses may use attachments.)</p> <p>Completes blocks 18-47 of the CA-1.</p> <p>Forwards the CA-1 with any attachments and detailed supporting information for controversion, if appropriate, to the FECA Program Administrator.</p>		<p>Reviews the CA-1 and enters any necessary codes.</p> <p>Forwards a copy of the CA-1 to the Artillery Branch Safety Office.</p> <p>Forwards the original CA-1 to the Occupational Health Office for filing in the employee's medical folder (EMF).</p> <p>Establishes a local claim file with a copy of the CA-1. Forwards the original copy of the CA-1 to OWCP to arrive within 14 days after the day of the injury.</p> <p>Establishes a local claim file with a copy of the CA-1. Forwards the original CA-1 to OWCP to arrive within 14 days after the day of the injury.</p>

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SITUATION	ACTION REQUIRED		
	SUPERVISOR	EMPLOYEE	FECA PROGRAM ADMINISTRATOR
<p>employee is not disabled and follow-up appointments are scheduled during normal work hours.)</p>	<p>appointment slip or documentation in block 18 of the CA-17.</p> <p>Provides transportation for the injured employee consistent with the nature and extent of the injury.</p> <p>Notifies relative or next of kin as designated on SF 7-B if employee requests or is incapacitated.</p> <p>Reviews all physician's reports and modifies the employee's duties, assigns light duty, or details him/her consistent with the residuals of the injury.</p> <p>Retains a copy of the CA-17 for consideration in future duty assignments.</p> <p>Records any follow-up treatment appointments in suspense and advises the employee that duty time will be allowed for those MTF appointments.</p> <p>Forwards the original CA-16 and CA-17 with any other medical reports to the FECA Program Administrator.</p> <p>Continues to issue Form CA-17 to the employee for each MTF return appointment and processes it in</p>	<p>Reports to the local MTF for examination and treatment.</p> <p>Submits Form CA-16 and Form CA-17 to the MTF physician for completion.</p> <p>Returns the completed CA-16 and CA-17 along with any other medical reports and appointments to his/her supervisor.</p> <p>Provides his/her supervisor with a completed CA-17 and any other medical reports for each</p>	<p>Forwards the original CA-16 and CA-17 with any other medical reports to the Office of Occupational Health for filing in the EMF.</p> <p>Forwards the original CA-17 with other medical reports for each MTF return visit to the Office</p>

SITUATION	ACTION REQUIRED		
	SUPERVISOR	EMPLOYEE	FECA PROGRAM ADMINISTRATOR
<p>(b) If the employee elects treatment at the MTF and will lose time after the day of injury. (Disability cases.)</p>	<p>the same manner as with the initial treatment visit.</p> <p>Instructs the employee to have the physician providing treatment at the MTF to complete his/her portion of the CA-16 and CA-17 and, if follow-up treatment is needed, provide an appointment slip or document the next appointment in block 18 of the CA-17.</p> <p>Provides transportation for the injured employee consistent with the nature and extent of the injury.</p> <p>Notifies relative or next of kin as designated on SF 7-B if employee requests or is incapacitated.</p> <p>Reviews all medical reports.</p> <p>Retains a copy of the CA-17 for future progress assessment.</p> <p>Records any follow-up treatment appointments in suspense.</p> <p>Forwards the original CA-16, CA-17, and any additional medical reports to the FECA Program Administrator.</p>	<p>subsequent visit to the MTF for treatment or update on physical limitations.</p> <p>Reports to the local MTF for examination and treatment.</p> <p>Submits CA-16 and CA-17 to the MTF physician for completion.</p> <p>Returns the completed CA-16, CA-17, and any additional medical reports with follow-up appointments to his/her supervisor.</p>	<p>of Occupational Health for filing in the EMF.</p> <p>Places copies of the CA-16, CA-17, and any additional medical reports in the local claim file.</p>

SITUATION	ACTION REQUIRED		
	SUPERVISOR	EMPLOYEE	FECA PROGRAM ADMINISTRATOR
<p>(c) If the employee elects treatment by a physician of choice and no time will be lost after the day of injury. (Cases where no follow-up treatment is needed or future appointments are scheduled during non-duty hours.)</p>	<p>Continues to issue Form CA-17 to the employee for each MTF return appointment and processes them in the same manner as with the initial MTF treatment visit.</p> <p>Issues DD Form 689, Individual Sick Slip, to the employee with the supervisor's portion completed to reflect:</p> <ul style="list-style-type: none"> o The identity of the injured employee as a Federal civilian employee. o The nature of the injury. o That the employee has elected to use a private physician for treatment. o A request for an examination and evaluation to be recorded on a SF 558. o The identity of the activity and supervisor making the request. o The telephone number of the requesting supervisor. <p>Initially refers the employee to the MTF and instructs him/her to</p>	<p>Provides his/her supervisor with a completed CA-17 and any other medical reports for each subsequent visit to the MTF for treatment or update on physical limitations.</p>	<p>Forwards the original CA-16, CA-17, and any additional medical reports to OWCP.</p> <p>Reviews the CA-17 for each follow-up treatment appointment with any additional medical reports and files copies in the local claim file.</p> <p>Forwards the original CA-17 and any other medical reports to OWCP (for each follow-up treatment).</p>

SITUATION	ACTION REQUIRED		
	SUPERVISOR	EMPLOYEE	FECA PROGRAM ADMINISTRATOR
	<p>present the DD Form 689 to the MTF examining official.</p> <p>Instructs the employee to obtain a completed SF 558 from the examining MTF physician that documents the findings of the examination.</p> <p>Instructs the employee to return completed CA-16, CA-17, and SF 558 and any additional medical reports and future appointment documentation as soon as possible.</p> <p>Provides transportation for the injured employee consistent with the nature and extent of the injury.</p> <p>Notifies relative or next of kin as designated on SF 7-B if employee requests or is incapacitated.</p> <p>Reviews all medical reports and modifies the employee's duties, assigns light duty, or details him/her to a new position consistent with the physical limitations established in the</p>	<p>Reports to the MTF for examination and evaluation.</p> <p>Provides the MTF physician with the DD Form 689 and submits to examination.</p> <p>Obtains completed SF 558 from the MTF examining physician.</p> <p>Reports to treating physician of choice and submits CA-16 and CA-17 for completion.</p> <p>Returns completed CA-16, CA-17, and SF 558, and any other medical reports and appointments to his/her supervisor.</p>	

SITUATION	ACTION REQUIRED		
	SUPERVISOR	EMPLOYEE	FECA PROGRAM ADMINISTRATOR
(d) If the employee elects treatment by a physician of choice and lost time will be covered by leave, LWOP, or COP. (Cases that will require follow-up treatment during duty time or where a disabling condition exists.)	<p>medical reports of the treating physician of choice.</p> <p>Retains a copy of the CA-17 for reference in future duty assignment decisions.</p> <p>Records any follow-up treatment appointments in suspense.</p> <p>Forwards the original CA-16, CA-17, SF 558, and any other medical reports to the FECA Program Administrator.</p>		<p>Places copies of the CA-16, CA-17, SF 558, and any other medical reports in the local claim file.</p> <p>Forwards the original CA-16, CA-17, SF 558, and any other medical reports to OWCP.</p>
	<p>Continues to issue Form CA-17 to the employee for each return visit to his/her treating physician of choice and processes them in the same manner as with the initial treatment visit.</p> <p>Issues DD Form 689, Individual Sick Slip, to the employee with the supervisor's portion completed to reflect:</p> <ul style="list-style-type: none"> o The identity of the injured employee as a Federal civilian employee. o That the employee has elected to use a private physician for treatment. o The telephone number of the requesting supervisor. 	<p>Provides his/her supervisor with a completed CA-17 and any other medical reports for each subsequent visit to the physician of choice for treatment or update on physical limitations.</p>	<p>Reviews the CA-17 and any other medical reports for each follow-up visit and files copies in the local claim file.</p> <p>Forwards the original CA-17 and any other medical reports for each return visit to OWCP.</p>

SITUATION	ACTION REQUIRED		
	SUPERVISOR	EMPLOYEE	FECA PROGRAM ADMINISTRATOR
	<ul style="list-style-type: none"> o The nature of the injury. o A request for examination and evaluation to be recorded on SF 558. o The identity of the activity and supervisor making the request. <p>Initially refers the employee to the MTF and instructs him/her to present the DD Form 689 to the MTF examining official.</p> <p>Instructs the employee to obtain a completed SF 558 from the examining MTF physician that documents the findings of the examination.</p> <p>Instructs the employee to return completed CA-16, CA-17, and SF 558, and any additional medical reports and future appointment documentation as soon as possible.</p> <p>Provides transportation for the injured employee consistent with the nature and extent of the injury.</p> <p>Notifies relative or next of kin as designated on SF 7-B if employee requests or is incapacitated.</p>	<p>Reports to the MTF for examination and evaluation.</p> <p>Provides the MTF physician with the DD Form 689 and submits to examination.</p> <p>Obtains completed SF 558 from the MTF examining physician.</p> <p>Reports to treating physician and submits CA-16 and CA-17.</p>	

SITUATION	ACTION REQUIRED		
	SUPERVISOR	EMPLOYEE	FECA PROGRAM ADMINISTRATOR
	<p>Reviews all medical reports and modifies the employee's duties, assigns light duty or details him/her to a new position consistent with the physical limitations established in the medical reports of the treating physician of choice if the employee can return to work but has future appointments scheduled.</p> <p>Retains a copy of the CA-17 for reference in future duty assignment decisions and progress assessment.</p> <p>Records any follow-up treatment appointments in suspense.</p> <p>Forwards the original CA-16, CA-17, and any additional medical reports to the FECA Program Administrator.</p> <p>Continues to issue Form CA-17 to the employee for each return visit to his/her treating physician of choice and processes them in the same manner as with the initial treatment visit.</p>	<p>Returns completed CA-16, CA-17, and SF 558 and any other medical reports and appointments to his/her supervisor.</p> <p>Provides his/her supervisor with a completed CA-17 and any other medical reports for each subsequent visit to the physician of choice for treatment or update on physical limitations.</p>	<p>Places copies of the CA-16, CA-17, and any additional medical reports in the local claim file.</p> <p>Forwards the original CA-16, CA-17, and any additional medical reports to OWCP.</p> <p>Reviews the CA-17 and any other medical reports for each follow-up visit and files copies in the local claim file.</p> <p>Forwards the original CA-17 and any other medical reports for each return visit to OWCP.</p>

SITUATION	ACTION REQUIRED		
	SUPERVISOR	EMPLOYEE	FECA PROGRAM ADMINISTRATOR
<p><u>(3) Absence from work results or is anticipated from the injury.</u></p> <p>(a) If the employee has elected to have the first 45 days of absence covered by COP.</p>	<p>Reviews Form CA-1 to determine the election made by the employee to cover lost time.</p> <p>Reviews all medical reports to determine if prima facie evidence of disability is presented and/or return treatment visits are scheduled.</p> <p>Forwards an informal memorandum to the FECA Program Administrator requesting approval/disapproval of the employee's election to have absence covered by COP. This request will include:</p> <ul style="list-style-type: none"> o Full name and SSN of the injured employee. o The date of the injury. o The date the employee stopped work. o If COP is to be controverted. (Include reasons.) o Name and telephone number of the supervisor as POC. o Signature of the supervisor. <p>Informs the employee of the decision on COP.</p> <p>If COP is approved, advises the employee:</p>		<p>Reviews all medical reports in the local claim file, all facts relevant to the injury-causing accident, and issues presented by the supervisor in support of controversion, if any.</p> <p>Decides if COP is authorized.</p> <p>Prepares an informal memorandum approving/disapproving COP.</p> <p>Places one copy of the memorandum in the local claim file. Sends one copy to the supervisor and forwards the original to the injured employee's servicing finance office if the request is approved.</p>

SITUATION	ACTION REQUIRED		
	SUPERVISOR	EMPLOYEE	FECA PROGRAM ADMINISTRATOR
<p>(b) If the employee elected to have the first 45 days of absence covered by leave.</p>	<ul style="list-style-type: none"> o That COP will not exceed 45 calendar days and will not be allowed beyond the date that he/she is released by the treating physician. o That COP is not compensation and is subject to withholding for taxes, insurance, and any other deductions already being processed against pay. o That he/she is entitled to 45 days of COP if supported by prima facie evidence of disability or follow-up medical treatment appointments, but the COP must be initiated within 90 days after the day of injury and any portion of a work shift counts as a full day of the COP allowance. <p>If COP is denied, advises the employee to elect leave or LWOP to cover the first 45 days of absence.</p> <p>Notifies the FECA Program Administrator of the employee's election of leave or LWOP and the effective date.</p> <p>Advises the employee that leave will be charged but may be converted to COP or compensation if the claim is favorably adjudicated by OWCP.</p> <p>Forwards medical status reports to FECA Program Administrator.</p>	<p>Elects leave or LWOP to cover the first 45 days of absence as a result of the injury.</p> <p>Remains on leave and provides the supervisor with updates on medical status as required until released by the treating physician for return to duty.</p>	<p>Records the employee's election information on the copy of the memorandum denying COP in the local claim file.</p> <p>Makes appropriate distribution of medical status reports.</p>

SITUATION	ACTION REQUIRED		
	SUPERVISOR	EMPLOYEE	FECA PROGRAM ADMINISTRATOR
<p>(c) If the employee elected to have the first 45 days of absence covered by LWOP.</p>	<p>Advises the employee that LWOP will initially be reported but may be converted to COP or compensation if the claim is favorably adjudicated by OWCP.</p> <p>Forwards medical reports to the FECA Program Administrator.</p> <p>Issues Form CA-7 to the employee and instructs him/her to:</p> <ul style="list-style-type: none"> o Provide detailed information in blocks 1-17 on the front side of the CA-7. o Have the treating physician complete the attached Form CA-20. o Return both completed forms within 5 calendar days. <p>Reviews CA-7 and CA-20 for accuracy, completeness, and detail and completes his/her portion of the CA-7.</p> <p>Forwards the CA-7 and CA-20 to the FECA Program Administrator.</p>	<p>Remains in LWOP status and provides the supervisor with updates on medical status as required until released by the treating physician for return to duty.</p> <p>Completes blocks 1-17 on the CA-7, has the treating physician complete the CA-20, and returns both forms to the supervisor within 5 calendar days.</p>	<p>Makes appropriate distribution of medical status reports.</p> <p>Reviews the CA-7 and CA-20 and files copies in the local claim file. Forwards originals to OWCP to arrive within 10 days after the first day that time is lost, if possible.</p>
<p>(4) <u>Absence in excess of the 45-day COP entitlement is anticipated.</u></p>	<p>Advises the employee to elect to use leave or file a claim for compensation.</p>	<p>Elects to use leave or file a claim for compensation.</p>	

SITUATION	ACTION REQUIRED		
	SUPERVISOR	EMPLOYEE	FECA PROGRAM ADMINISTRATOR
<p>(a) If the employee elects to use leave to cover absence.</p>	<p>Authorizes leave and reports it to the servicing finance office accordingly.</p> <p>Reviews and forwards all medical reports to the FECA Program Administrator.</p> <p>Advises the employee to provide medical documentation to support his/her release from a disabled status upon return to work.</p> <p>When disability ends and the employee returns to work:</p> <ul style="list-style-type: none"> o Prepares a Form CA-3 and forwards it to the FECA Program Administrator. o Advises the employee that he/she may elect to file for buy-back of leave used. <p>Issues Form CA-7 and instructs the employee to complete his/her portion, have the treating physician complete the attached Form CA-20, and return both forms (if the employee elects to buy back leave used).</p> <p>Reviews the CA-7 and CA-20, completes the supervisor's portion of the CA-7, and forwards both forms to the FECA Program Administrator with the CA-3 and medical documentation supporting return to work.</p>	<p>Remains on leave and forwards required medical reports to the supervisor.</p> <p>Provides supporting medical documentation to the supervisor.</p> <p>Informs supervisor of his/her decision on leave buy-back.</p> <p>Completes his/her portion of the Form CA-7, has the treating physician complete the attached CA-20, and forwards both forms to the supervisor.</p>	<p>Files a copy of all medical reports in the local claim file and forwards the originals to OWCP.</p> <p>Reviews the CA-3, CA-7, CA-20, and medical documentation that supports return to work. Files copies in the local claim file and forwards originals to OWCP.</p>
<p>(b) If the employee elects to file for compensation.</p>	<p>Issues Form CA-7 to the employee on the 30th day of COP</p>	<p>Completes the front side of the CA-7, has the treating physician</p>	

SITUATION	ACTION REQUIRED		
	SUPERVISOR	EMPLOYEE	FECA PROGRAM ADMINISTRATOR
	<p>entitlement with instructions to complete the front side of the form, to have the treating physician complete the attached Form CA-20, and return both forms within 7 calendar days.</p> <p>Advises the employee that he/she must be in a LWOP status for compensation to be paid.</p> <p>Informs the employee that he/she will be placed in a LWOP status on the day following the 45th day of COP entitlement or on the effective date requested on the CA-7.</p> <p>Reviews the entries on the CA-7 and CA-20 and completes the reverse side of the CA-7.</p> <p>Forwards the CA-7, CA-20, and any other medical reports to the FECA Program Administrator within 7 calendar days.</p> <p>When disability ends or the employee returns to work:</p> <ul style="list-style-type: none"> o Notifies the FECA Program Administrator immediately by telephone to avoid overpayment of compensation. 	<p>complete the CA-20, and forwards both forms and any additional medical reports to his/her supervisor within 7 calendar days. Ensures that medical evidence covers the period of compensation claimed.</p> <p>Provides supporting medical evidence for release to return to work to the supervisor.</p>	<p>Reviews the entries on the CA-7, CA-20 and any other medical reports and files copies in the local claim file.</p> <p>Forwards original CA-7, CA-20, and additional medical reports to OWCP to arrive at least 5 days prior to the end of the 45-day COP entitlement period.</p> <p>Notifies OWCP by telephone that the employee is no longer disabled or has returned to work.</p>

SITUATION	ACTION REQUIRED		
	SUPERVISOR	EMPLOYEE	FECA PROGRAM ADMINISTRATOR
<p><u>(5) Disability is expected to continue beyond the time period covered on the CA-7.</u></p>	<ul style="list-style-type: none"> o Completes a Form CA-3 and forwards it to the FECA Program Administrator with medical documentation reflecting end of disability status. <p>Provides the employee with a Form CA-8 10 days before the period claimed on the CA-7 expires. Instructs the employee to complete the front of the form and return it with any new medical documentation.</p> <p>Reviews the front side of the CA-8 and any medical evidence provided by the employee.</p> <p>Completes the reverse of the CA-8 and forwards it with any other medical reports to the FECA Program Administrator as soon as possible.</p> <p>Continues to issue a CA-8 every 2 weeks and processes it the same as with the initial one until OWCP instructs otherwise.</p>	<p>Completes the front of the CA-8 and returns it to the supervisor with any new medical documentation as soon as possible.</p> <p>Continues to process a CA-8 every 2 weeks until notified otherwise.</p>	<p>Reviews CA-3 and medical evidence reflecting end of disability, files copies in the local claim file, and forwards originals to OWCP.</p> <p>Assembles CA-8 with all evidence to support the claim and all dates of compensation claimed and forwards it to OWCP to arrive at least 5 days prior to the period claimed on the CA-7.</p> <p>Continues to process a CA-8 every 2 weeks until notified otherwise.</p>

b. Occupational Disease or Illness.

SITUATION	ACTION REQUIRED		
	SUPERVISOR	EMPLOYEE	FECA PROGRAM ADMINISTRATOR
<p><u>(1) Employee reports that he/she is suffering from employment-related disease or illness.</u></p>	<p>Issues Form CA-2 to the employee with instructions to complete the front side.</p> <p>Obtains three copies of the appropriate Form CA-35 (A-G) from the FECA Program Administrator and issues two copies to the employee.</p> <p>Advises the employee:</p> <ul style="list-style-type: none"> o To provide detailed and factual and medical supporting evidence as requested on the specific CA-35 (A-G). o To provide one copy of the CA-35 to the treating physician and retain one copy for submission with the completed claim package. o To obtain the required medical information from the treating physician in a narrative statement. (OWCP rarely finds reports limited to a form adequate for adjudication of a claim of occupational disease or illness.) o That medical care for claimed employment-related disease or illness is at the employee's own expense until OWCP adjudicates the 		<p>Provides the supervisor with three copies of the appropriate Form CA-35 (A-G) and advises him/her of required input for the final package to be forwarded to OWCP.</p>

SITUATION	ACTION REQUIRED		
	SUPERVISOR	EMPLOYEE	FECA PROGRAM ADMINISTRATOR
	<p>claim. * (Medical care may be authorized in very rare cases on a CA-16 but only after the FECA Program Administrator obtains the approval of OWCP.)</p> <ul style="list-style-type: none"> o That none of the benefits authorized by FECA will be provided until after the claim has been favorably adjudicated by OWCP. o That COP is not authorized for occupational illness or disease under FECA. o To elect annual or sick leave or leave without pay if time is to be lost pending adjudication of the claim by OWCP. o To comply with the requirements outlined on the CA-35 and return it with all required documentation and the CA-2 with the front side completed to the supervisor as soon as possible. <p>Uses the third copy of the CA-35 to begin compiling the material required of the employing activity. (The final package to be forwarded to OWCP will be developed through joint effort with the FECA Program Administrator.)</p> <p>Reviews the CA-35 and CA-2 submitted by the employee and prepares the agency report.</p>	<p>Elects leave or LWOP.</p> <p>Provides detailed factual information as requested on CA-35.</p> <p>Obtains required medical information from the treating physician and forwards it with the CA-35 and CA-2 to the supervisor.</p>	

SITUATION	ACTION REQUIRED		
	SUPERVISOR	EMPLOYEE	FECA PROGRAM ADMINISTRATOR
	<p>Forwards CA-35, CA-2, and agency report to the FECA Program Administrator.</p>		<p>Reviews all documents related to the claim, enters codes on CA-2, and assembles the final claim package.</p> <p>Files a copy of the entire claim package in the local claim file.</p> <p>Forwards the original claim package to OWCP.</p>

Recurrence.

SITUATION	ACTION REQUIRED		
	SUPERVISOR	EMPLOYEE	FECA PROGRAM ADMINISTRATOR
<p><u>(1) A spontaneous return or increase of disability due to a previous injury or occupational disease occurs.</u></p>	<p>Issues Form CA-2a to the employee with instructions to complete Part C and return the completed form as soon as possible.</p> <p>Advises the employee:</p> <ul style="list-style-type: none"> o If originally entitled to COP and it was not exhausted and 90 days have not elapsed since he/she returned to duty, he/she may elect to use the remainder of the 45-day entitlement. o If COP was not authorized with the initial claim or has been exhausted, he/she may elect to use sick or annual leave. o To submit factual and medical supporting evidence of the recurrence. <p>Completes Part A and Part B of the CA-2a and forwards it with supporting medical evidence to the FECA Program Administrator.</p>	<p>Completes Part C of the CA-2a and returns it to the supervisor as soon as possible.</p> <p>Elects to use COP, sick leave, or annual leave to cover absence.</p> <p>Provides the supervisor with factual and medical evidence of the recurrence.</p>	<p>Files copies of the CA-2a and all evidence available in the local claim file and forwards originals to OWCP.</p>
	<p>(a) Employee wishes to claim compensation.</p> <p>Issues a Form CA-7 to the employee if one was not previously issued and processes it the same as with an original injury claim.</p>	<p>Follows same procedures as with an original injury claim.</p>	<p>Follows same procedures as with an original injury claim.</p>
	<p>Issues Form CA-8 if a Form CA-7 was previously submitted and processes it the same as with an original injury claim.</p>	<p>Follows the same procedures as with an original injury claim.</p>	<p>Follows the same procedures as with an original injury claim.</p>

Death.

SITUATION	ACTION REQUIRED		
	SUPERVISOR	SURVIVOR	FECA PROGRAM ADMINISTRATOR
<p><u>(1) Supervisor witnesses or learns of the death of an employee as the result of an on-the-job injury.</u></p>	<p>Notifies the FECA Program Administrator of the death by the most expedient means and provides what details are available.</p> <p>Notifies survivors that the death has been reported.</p> <p>Completes a Form CA-6 and forwards it to the FECA Program Administrator as soon as possible. (If the death-causing injury was traumatic and a Form CA-1 was not previously submitted, the supervisor should initiate an investigation, obtain witness statements, and provide detailed supporting evidence in writing. This additional information should be submitted to the FECA Program Administrator with the Form CA-6.)</p>	<p>Completes the front side of the Form CA-5 or Form CA-5B, as appropriate.</p> <p>Instructs the attending physician to complete the medical report on the reverse of the Form CA-5 or Form CA-5B.</p> <p>Forwards the completed CA-5 or CA-5B to the FECA Program Administrator within 30 days, if possible.</p> <p>Provides the FECA Program Administrator with a copy of the death certificate that is certified by the issuing authority.</p> <p>Provides the FECA Program Administrator with copies of any divorce or annulment decree if the decedent or spouse was formerly married.</p> <p>Provides the FECA Program Administrator with certified copies of birth certificates of any children for whom a claim is being filed.</p>	<p>Notifies OWCP by telephone of the death immediately.</p> <p>Provides survivors/claimants with claim forms (CA-5 or CA-5B, as appropriate) and assists them in preparation of their claims.</p> <p>Reviews the Form CA-6 and forwards it along with any other information available to OWCP as the installation's formal notice of the death.</p> <p>Prepares formal letters of condolence, has them signed by appropriate authorities, and forwards them to the appropriate survivor.</p>

SITUATION	ACTION REQUIRED		
	SUPERVISOR	SURVIVOR	FECA PROGRAM ADMINISTRATOR
		Provides the FECA Program Administrator with any supporting evidence that the death was the result of injury while in the performance of duty.	Reviews and assembles all death benefit claims with supporting documents and forwards them to OWCP. Acts as point of contact for survivors and claimants until the claims are adjudicated by OWCP.

The proponent of this pamphlet is the Management Employee Relations Branch of the Directorate of Civilian Personnel. Users are invited to forward comments and suggestions for improvement to ATZR-XPM, Fort Sill, OK 73503-5100.

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ANDREW J. WENGE
Director of Inform.

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