EMPLOYEE RESPONSIBILITIES

A WORKERS’ COMPENSATION CHECKLIST

☐ Seek medical attention as necessary.

☐ Promptly notify your supervisor or manager about a work-related injury or illness.
  • Tell your supervisor everything about the injury or illness – what, where, when, and how it happened.

☐ Read the CA-11, When Injured at Work Information Guide for Federal Employees, which can be found at the following website:

☐ Complete the appropriate claim form (CA-1 or CA-2) and submit it to your supervisor.
  • Forms can be obtained from your supervisor or Federal Employee Compensation Act (FECA) manager/Injury Compensation Program Administrator (ICPA).
  • Office of Workers’ Compensation Program (OWCP) forms also may be obtained at the following website:
    http://www.dol.gov/esa/regs/compliance/owcp/forms.htm

  ➢ CA-1, Federal Employee’s Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, is used for a wound or other condition of the body caused by external force, including stress or stain, sustained during the course of one workday.
    o Submit the CA-1 to your supervisor immediately, within three (3) days.
    o You may be entitled to 45 calendar days of Continuation of Pay (COP). COP is contingent upon submission of the CA-1 within thirty (30) days of the date of injury and medical documentation supporting each day of absence.
    o Your entitlement to COP may be terminated if you fail to submit medical evidence of injury related disability within ten (10) workdays from the date of injury.

  ➢ CA-2, Notice of Occupational Disease and Claim for Compensation, is used for a condition produced by the work environment over a period of time longer than one workday or shift.
    o Submit the CA-2 to your supervisor no later than three (3) years after you become aware that you suffered a work-related illness.
    o Occupational disease claims are not eligible for COP.
    o Submit required narrative statement and supportive medical documentation to your supervisor to support your Occupational Disease Claim.

☐ If the injury has caused you to miss work, let your supervisor know when you expect to return to work. Medical documentation to justify all absences due to work-related injury/illness must be submitted to your supervisor.

☐ Keep in touch. Contact your supervisor if there is any change in the status of your recovery.

☐ See your doctor. Continue the medical treatments prescribed by your doctor and see him/her as often as your condition requires.
  • Take your medication, continue your therapy, and attend any rehabilitation programs your doctor sends you to.
  • Except for a referral made by your attending physician, any changes in your treating physician must be authorized by OWCP.

☐ Return to work as soon as medically possible.
  • Have your doctor provide medical reports periodically to your supervisor and to OWCP. Contact your CG workers’ compensation specialist for the address. Your doctor can complete the CA-20, Attending Physician’s Report, which can be obtained at the following website: http://www.dol.gov/esa/regs/compliance/owcp/forms.htm
  • If you expect to remain out of work for more than forty-five (45) calendar days, inform your supervisor and complete the employee section of the CA-7, Claim for Compensation. Have your doctor complete the CA-20, Physician’s Report.
    • Contact your Supervisor, HR assistant, or ICPA to discuss completion of the CA-7.
    • Return the CA-7 to your supervisor.
    • CA-20, Physician’s Report. Complete the first three sections (name, date of injury, and OWCP file number) and have your physician complete the remaining sections. Have physician submit the form to OWCP and fax/mail a copy to your CG workers’ compensation specialist.

☐ If restricted or temporary work is available which is within your ability to perform while you are recovering, you must accept the work and return to duty.
  • The restricted or temporary work will be clearly defined so that you can take a written description to your doctor for his/her approval.
SUPERVISORS’ WORKERS’ COMPENSATION CHECKLIST

- Help the employee receive first aid or seek medical attention. Counsel employee on Office of Workers’ Compensation Program (OWCP) benefits including continuation of pay (COP), and provide the employee with a CA-1 (for a Traumatic Injury) or CA-2 (for an Occupational Disease or Illness), a CA-11, When Injured at Work Information Guide for Federal Employees, and a completed CA-16, Authorization for Examination and Treatment (if employee requests one). Do not issue a blank CA-16 to the employee.

  - Most DOL Forms can be obtained at the following web site: http://www.dol.gov/libraryforms/FormsByAgency.asp#ESA-OWCP or http://www.dol.gov/esa/regs/compliance/owcp/forms.htm
  - CA-11 can be found at the following website: http://www.dol.gov/esa/regs/compliance/owcp/ca-11.htm
  - CA-16 can only be obtained from your Federal Employee Compensation Act (FECA) Manager, or Injury Compensation Program Administrator (ICPA).
  - Meet with your timekeeper to discuss computing and tracking the use of COP. You and/or your timekeeper should contact your HR Specialist or FECA/ICPA or specialist for clarification on how to document and track the use of COP.

- Review CA-1 or CA-2 claim forms, complete agency portion, and controvert or challenge claim as appropriate.

  - Submit completed forms immediately (usually within 3 days) utilizing EDI System or via fax to FECA Manager/ICPA for entry in the EDI System and electronic submission to ODOL/OWCP.
  - Acknowledge receipt of employee’s claim, by returning the appropriate portion of the CA-1 or CA-2.
    - In the case of an Occupational Illness or Disease, provide employee with appropriate occupational disease checklist to help the employee submit adequate medical and factual information. The checklist can be found at Appendix C of Publication CA-810, Injury Compensation for Federal Employees, located at the following website: http://www.dol.gov/esa/regs/compliance/owcp/feca810m.htm - a, or the checklist can be obtained from your ICPA.

- Contact employee prior to the 10th day following the date of injury.

  - Ask employee about diagnosis and prognosis.
  - Remind employee to submit medical documentation to continue COP if documentation has not been submitted.
  - Coordinate with your FECA Manager/ICPA to terminate COP if medical documentation is not received after 10 days.

- If the employee is expected to remain out of work for more than 45 calendar days, provide employee with a CA-7, Claim for Compensation, and a CA-20, Physician’s Report.

  - CA-7, Claim for Compensation. Have the employee complete the first seven sections of the form; you will complete the remaining sections. Submit the completed CA-7 to the Injury Compensation Program Administrator ICPA) at least five (5) working days prior to the end of the 45-day period.
  - CA-20, Physician’s Report. Have the employee complete the first three sections (name, date of injury, and OWCP file number) and have the physician complete the remaining section. Have the physician return the form to you, and fax/mail a copy to the ICPA.
  - Contact the employee to request he/she submit medical documentation to justify all absences due to work-related injury/illness, if no follow-up medical documentation is received.

- If the employee remains disabled, contact him/her on a weekly basis. Ask about his/her prognosis and treatment plan. Ask about returning to work either to full or limited duty. Offer what assistance you can in his/her recovery. If no medical report is received, contact ICPA about having the employee’s physician complete a CA-17, Duty Status Report. Inform employee that you will attempt to find and offer limited duty to accommodate his/her disability if limited duty is required while recovery continues. As appropriate, consider telecommuting if limited duty is unavailable.

- Ensure the confidentiality of all OWCP documents in accordance with the Privacy Act. Please contact your ICPA if you have questions regarding the release of records.