ILLINOIS NATIONAL GUARD

TPP 904 - 9
Workman's Compensation

SUPERVISOR'S HANDBOOK

This Technical Personnel Plan supersedes Technician Personnel Plan 904, dated 1 October 1996 Chapter 8 Technician Benefits, Part I Injury/Compensation, and Technician Personnel Plan 810 (TPP 810) dated 24 May 1976

Users of this publication are invited to send comments and suggested improvements, through command channels, to The Adjutant General of Illinois, ATTN: HRO, 1301 N. MacArthur Blvd, Springfield, Illinois 62702-2399

FOR THE ADJUTANT GENERAL:

//Signature on file//

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1-1 GENERAL: This section gives a complete overview of the Federal Employee's Compensation Act (FECA) as administered by the Office of Worker's Compensation (OWCP), US Department of Labor (DOL) and is intended to be used as a ready-reference regarding supervisory duties, responsibilities and liabilities in processing technician injury and death cases. Users of this manual must be aware of the following:

a. Policy. The employing unit/activity can establish administrative and review procedures in filing claims under OWCP.

b. Definitions. In this section

(1) The reference to "supervisor" does not mean first-line supervisor only but can mean higher level supervisors or managers as required by appropriate unit/activity.

(2) The reference to "agency", "employer" or "employing office" can mean supervisors, managers, and medical and safety personnel of the appropriate unit/activity.

c. Penalties. Law requires that

(1) Any technician, beneficiary, official superior, representative, or other person who knowingly makes, or knowingly certifies to, any false statement, misrepresentation, concealment of fact, or any other act of fraud with respect to claim under the Act, or who knowingly accepts compensation to which that person is not entitled, is subject to criminal prosecution and may, under appropriate U.S. Criminal Code provisions, be punished by a fine of not more than $10,000.00 or imprisonment for not more than five years, or both.

(2) Any technician, beneficiary, official superior, representative, or other person who, with respect to a claim under the Act enters into any agreement, combination, or conspiracy to defraud the United States by obtaining or aiding to obtain the payment or allowance of any false, fictitious or fraudulent claim is subject to criminal prosecution and may under appropriate U.S. Criminal Code provisions, be punished by a fine of not more than $10,000 or imprisonment for not more than ten years, or both.

(3) Any person charged with the responsibility of making reports in connection with an injury who willfully fails, neglects, or refuses to do so; induces, compels, or directs an injured technician to forego filing a claim; or willfully retains any notice, report, or paper required in connection with an injury, is subject to a fine of not more than $500.00 or imprisonment for not more than one year, or both.

d. Investigations. Supervisors or agency personnel must not attempt to prevent a technician from filing a claim under any circumstances, regardless of any opinion they may hold with respect to the merits of the claim. But when there is doubt as to the validity of a claim, it is the agency's responsibility to investigate the circumstances of the claim. Paragraph 1-8 covers investigations.

e. Exclusiveness of Remedy. The benefits provided to technicians and to survivors of technicians by FECA constitute the exclusive remedy against the United States for employment-related injuries or deaths. The injury or death of a technician gives rise to no right to recover damages from the United States exclusive of the Act.

f. No official superior or other person is authorized to require a technician or other claimant to enter into any agreement, either before or after an injury or death, to waive their right to claim compensation under the Act. No waiver of compensation rights shall be valid.

1-2 TRAUMATIC INJURY: A Traumatic injury is defined as 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 or 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. Traumatic injuries also include damage to or destruction of prosthetic devices or appliances, including eyeglasses and hearing aids if they were damaged incidental to a personal injury requiring medical service.

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a. Notice of Injury - All Traumatic Injury forms, CA-1, are now filed electronically through the FECA Electronic Data Interchange (EDI). Using EDI, forms are submitted to the Department of Labor instantaneously, eliminating paper processing and mail delays. The purpose of the EDI project is to expedite processing of FECA claims for injured workers. Employees will be assigned a claim number within 48 hours of the time the claim is received by Department of Labor. Faster claims processing leads to expedited medical authorizations, treatment, and bill payment.

(1) When a technician sustains a traumatic injury in the performance of duty, the technician must report the injury to the supervisor as soon as possible but not later than 30 days from the date of injury. If the employee is incapacitated, someone acting on their behalf, including a family member, union official, representative, or agency official may take this action.

(2) The supervisor and employee complete the electronic form, which is transmitted to the Workers' Comp Specialist at Camp Lincoln. The Specialist authenticates the form by entering appropriate codes, corrects any errors and then transmits the form to Dept. of Labor. The Dept of Labor then assigns a case number within 48 hours.

(3) The EDI web site is as follows:

https://isdmid1.cpms.osd.mil/web_html/static_java_edi_sup.html

(4) The EDI forms are patterned directly on the hard copy forms CA-1 and CA-2. Therefore, the basic instructions for completing the forms are the same as with paper. A copy of these instructions can be obtained on-line at

http://www.dol.gov/esa/regs/compliance/owcp/forms.htm

(5) The electronic format does contain certain features that may require further explanation. Employees must be in the Modern Personnel System. New employees that are not in the system yet will have to be filed manually. EDI is in an oracle format. After completing the first page with the social security number and date of birth, click on the next tap at the top of the page. Continue until all pages have been completed. Requested phone numbers are typed without any spaces or dashes. The date of the injury defaults to the current date. If the injury is prior to today's date be sure to correct the date and time of the injury as well as dates of notice and signatures. Once all the required fields have been completed on the last tab, scroll down to reveal the print and submit buttons.

(6) The supervisor must print a copy of the Completed CA-1. This record must then be signed by the employee, witness if any, and the supervisor. The form with the original signatures must be forwarded to the Workers' Comp Specialist at Camp Lincoln. A copy is made for the supervisor and the employee. If an error has been made or a box left blank an error message will appear instructing you to correct the error. Once a copy has been printed, the supervisor must then click the submit button. This will transmit the completed CA-1 electronically to the Workers' Comp Specialist.

b. After completing the electronic CA-1, the supervisor should:

(1) Authorize medical care - Form CA-16(See Appendix B). If needed in accordance with paragraph 1-5 below and if necessary, arrange to transfer technician for needed treatment.

(2) Inform the technician of their right to elect continuation of regular pay (discussed in detail in paragraph 1-6 or annual or sick leave if time loss will occur).

(3) Advise the technician whether continuation of pay (COP) will be controverted, and if so, whether pay will be terminated. The basis for the action must be explained to the technician. (Controversion of COP is discussed in paragraph 1-6c. The reason for controverting a claim must always be shown on the FORM CA-1.)

(4) Advise the technician of their responsibility to submit prima facie medical evidence of disability within 10 working days or risk termination of COP (see paragraph 1-6c (1)(e).

(5) Advise the technician to obtain a description of work restrictions (CA-17, see Appendix C) if light duty is available and, where a specific job has been identified, ask whether and/or when they can perform the duties of the position.

(6) When a technician is injured, a CA-1 should be completed whether or not the technician incurs medical expense or loses time from work beyond the date of the injury. The supervisor should always submit Form CA-1 to the HRO with supporting information as soon as possible, but no later than 5 working days after receipt of Form CA-1 from the technician.

c. Medical Treatment - The CA-16 is a controlled form. If a technician requires medical treatment because of the injury, the supervisor should promptly complete the entire front of Form CA-16 within 4 hours of the request except under unusual circumstances. The form must be completed with the name of the medical provider chosen by the technician. If the supervisor doubts whether the technician's condition is related to the employment, they should **Not** issue the CA-16. In an emergency, where there is no time to complete a Form CA-16, the supervisor may authorize medical treatment by telephone and then forward the completed form to the medical facility within 48 hours. Retroactive issuance of Form CA-16 is not permitted under any other circumstances. In addition, the supervisor should provide a copy of CA-20, General Information for Physicians, so that the attending physician will know their responsibilities under FECA. A complete discussion of medical benefits is contained in paragraph 1-5.

(1) Delayed report of injury. If a technician has reported an injury several days after the fact, or did not request medical treatment within 24 hours of the injury the supervisor may still authorize medical care using Form CA-16. Supervisors are encouraged to use discretion in issuing authorizations for medical care under such circumstances, but technicians should not be penalized for short delays in reporting injuries. The supervisor may, however, refuse to issue a CA-16 if more than a week has passed since the injury on the basis that the need for immediate treatment would normally have become apparent in that period of time. A technician may not authorize their own medical treatment. If a supervisor does not issue a CA-16 for medical treatment because of delayed request or the technician received treatment prior to reporting the injury, they should be given a copy of CA-20 for their physician to complete and return to the supervisor for forwarding to OWCP.

(2) Choice of Physician. The technician is entitled to select the physician or facility that is to provide treatment.

(3) Obtaining Treatment. The physician should complete the reverse of Form CA-16 and the technician should return the form to the supervisor for forwarding to HRO. The supervisor should keep a copy of the report as well. The technician may be furnished transportation and/or reimbursement for travel and incidental expenses. A distance of 25 miles from the agency or the technician's home is generally considered a reasonable distance to travel for medical care unless appropriate care is not available within that radius.

(4) Referral. The original treating physician may wish to refer the technician for more specialized treatment or for further testing. They may do so on the basis of the Form CA-16 already issued; it is not necessary to issue additional authorization for treatment.

d. Medical Reports - Forms CA-20, CA-20a and CA-17. On all OWCP cases sent to OWCP, a medical report from the attending physician is required. This report may be made on the Form CA-16 or on Form CA-20 or CA-20a, which are attached to compensation claim Form CA-7. It may also be made by narrative report on the physician's letterhead stationary or in the form of an emergency room summary in all instances, however the physician's original signature must appear on the report.

e. Wage loss/Permanent Impairment - Form CA-7. If disability is anticipated at the time of injury the technician may elect to use leave or COP (which is discussed in paragraph 1-6b) on Form CA-1. A technician who cannot return to work when COP terminates, or who is not entitled to receive COP, may claim compensation for wage loss on Form CA-7, and in controverted cases where pay is terminated, CA-7 should be submitted with Form CA-1.

(1) When to file. If disability is expected to continue beyond the period of COP entitlement, the technician may claim compensation or use leave to cover their absence from work. If it is not clear whether the technician will remain disabled after the 45 days of COP are used, claim for compensation should be initiated. Technicians who have filed claims must be carried in LWOP status. If a claimant returns to work after Form CA-7 has been filed, however, the supervisor should notify HRO by telephone to avoid overpayments, and later provide written confirmation of return to duty.

(2) Completion. If compensation is to be claimed, the supervisor should give Form CA-7 to the technician on the 30th day of COP with instructions to complete the front and return the form to the supervisor within one week (if it has not been returned by the 40th day of COP, the supervisor should contact the technician by telephone and request that it be submitted as soon as possible). When the form is returned, the supervisor should complete the reverse of the form, including the name and telephone number of the supervisor or other official with direct knowledge of the claim. The technician should arrange to provide medical evidence to support the period of disability claimed; this evidence should be submitted with the Form CA-7.

(3) Submission. After the supervisor completes the form, it should be submitted to the HRO along with any new medical evidence in possession of the agency. If weekend drills are missed, the technician may claim drill pay. This must be shown on the CA-7 in Section 8, additional pay. However, if the drill will be made up, it cannot be claimed for compensation. (The claim should not be delayed for computation of shift differential, Sunday or holiday pay, or other incremental pay; these elements, which are discussed in paragraph 1-7 may be computed and submitted separately). The dates of compensation claimed should represent the period of disability supported by the medical evidence or the interval until the technician's next medical appointment.

(4) Leave Repurchase. A technician who takes sick or annual leave to avoid possible interruption of income may repurchase that leave, if the claim is approved, and Form CA-7 may be used for this purpose as well.

(5) Lost Wages for Medical Treatment. A technician who has returned to work but continues to require medical treatment during work hours may claim compensation for lost wages while undergoing or traveling to and from the treatment. Such a claim may be made on Form CA-7, and it should be accompanied by a CA 7a, Time Analyst Form showing the exact period of time and the total number of hours lost due to the treatment. The supervisor must certify the accuracy of the form.

f. Continuing Wage Loss - Form CA-7. Should also be used to claim continuing compensation when a previous CA-7 claim has been initiated. If disability is expected to continue the supervisor should give the injured technician Form CA-7 ten days before the period claimed on Form CA-7 will expire. The technician should complete the front and return it to the supervisor who should complete the reverse of the form. As with the Form CA- 7, the claimant is responsible for obtaining medical support for the period claimed, and the dates of compensation claimed should represent the period of disability supported by the medical evidence or the interval until the technician's next medical appointment. The completed form should be sent to HRO at least three days before the end of the period claimed on Form CA-7. During the period of disability a Form CA-7 should be submitted every two weeks until otherwise instructed by OWCP. Form CA-7 may also be used to claim additional periods of leave repurchase; an itemized breakdown of leave used should be provided as described in paragraph d above. Here again, if the technician returns to work after a claim has been submitted, the supervisor should notify HRO by telephone immediately in order to avoid overpayments. Written confirmation of return to duty should also be supplied as soon as possible.

1-3 OCCUPATIONAL DISEASE: An occupational disease is defined as a condition produced in the work environment over a period longer than 1 workday or shift. It may result from systemic infection, repeated stress or strain, exposure to toxins, poisons, or fumes, or other continuing conditions of the work environment.

a. Notice of Occupational Disease - All Occupational Disease forms, CA-2, are now filed electronically through the FECA Electronic Data Interchange (EDI). Using EDI, forms are submitted to the Department of Labor instantaneously, eliminating paper processing and mail delays. The purpose of the EDI project is to expedite processing of FECA claims for injured workers. Employees will be assigned a claim number within 48 hours of the time the claim is received by Department of Labor. Faster claims processing leads to expedited medical authorizations, treatment and bill payment.

(1) When a technician sustains an occupational injury in the performance of duty, the technician must report the injury to the supervisor as soon as possible. If the employee is incapacitated, someone acting on their behalf, including a family member, union official representative, or agency official may take this action.

(2) The supervisor and employee complete the electronic form, which is transmitted to the Workers' Comp Specialist at Camp Lincoln. The Specialist authenticates the form by entering the appropriate codes, corrects any errors and then transmits the form to Dept. of Labor. The Dept. of Labor then assigns a case number within 48 hours.

(3) The EDI web site is as follows:

https://isdmid1.cpms.osd.mil/web_html/static_java_edi_sup.html

(4) The EDI forms are patterned directly on the hard copy form CA-2. Therefore, the basic instructions for completing the forms are

the same as with paper. A copy of these instructions can be obtained on-line at:

http://www.dol.gov/esa/reg/compliance/owcp/forms.htm

(5) The electronic format does contain certain features that may require further explanation. Employees must be in the Modern Personnel System. New employees that are not in the system yet will have to be filed manually. EDI is in an oracle format. After completing the first page with the social security number and date of birth, click on the box indicating a CA-2. Then click on the next tab at the top of the page. Continue until all pages have been completed. Requested phone numbers are typed without any spaces or dashes. The date of the occupational disease defaults to the current date. If the occupational disease is prior to today's date, be sure to correct the date of the occupational disease as well as dates of notice and signatures. Once all the required fields have been completed on the last tab, scroll down to reveal the print and submit buttons.

(6) The supervisor must print a copy of the completed CA-2. If an error has been made in completing the form or a box left blank, an error message will appear instructing you to correct the error. The printed form with the original signatures must be forwarded to the Worker's Comp Specialist in Camp Lincoln. A copy is made for the supervisor and the employee. Once a copy has been printed, the supervisor must then click the submit button. This will transmit the completed CA-2 electronically to the Workers' Comp Specialist.

(7) The supervisor must issue to the technician two copies of the appropriate checklist, Form CA-35 A-H, for the disease claimed (specific checklists have been devised for various conditions in order to facilitate submissions of evidence - contact your HRO office copies of checklists). 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. The check list along with the requested documentation must be submitted to the Workers' Comp Specialist at Camp Lincoln with in 30 days.

(8) Advise the technician of the right to elect sick or annual leave or leave without pay pending adjudication of the claim. COP is not authorized.

b. Medical Treatment - Form CA16. Only in rare instances is medical care authorized by the supervisor in occupational disease claims. The supervisor must contact HRO before issuing a Form CA16 in such a claim.

c. Wage Loss/Prevention Impairment - Form CA7. Form CA-7 is used to file a claim for compensation because of pay loss resulting from an occupational disease. The claim should be filed within ten days after pay stops or when the technician returns to work, whichever occurs first.

(1) Leave Repurchase. The technician may wish to use sick or annual leave pending adjudication of the claim. If so, the technician may initiate repurchase of this leave using Form CA-7. The supervisor should certify the amount and kind of leave used for each day claimed, and the technician should arrange for submission of medical evidence supporting the period of repurchase requested.

(2) Lost wages for Medical Treatment. A technician who has returned to work but continues to require medical treatment during working hours may claim compensation for lost wages while undergoing or traveling to and from the treatment. Such a claim may be made on Form CA-7 and it should be accompanied by a statement from the supervisor showing the exact period of time and the total amount of wages lost due to the treatment, the rate of pay and the number of hours or days the technician would have worked if available.

d. Continued Wage Loss - Form CA-7. Form CA-7 may also be used to claim continuing compensation after the initial period claimed on Form CA-7, or to claim additional periods of leave repurchase. (See paragraph 1-2e).

1-4 RECURRENCES: A recurrence is defined as a spontaneous return or increase of disability due to a previous injury or occupational disease without intervening cause, or a return or increase of disability due to a consequential injury. A recurrence is distinguished from a new injury by the criterion that in a recurrence no event other than the previous injury accounts for the disability. Follow up medical care for an injury or disease that causes time loss is considered part of the original injury rather than a recurrence unless the claimant was previously released from treatment.

a. Claim for Recurrence - Form CA-2A. If a recurrence develops the technician and supervisor should complete Form CA-2A and submit it to HRO. If the technician was entitled to use COP and the 45 calendar days of COP have not been exhausted, they may elect to use the remaining days if 45 days have not elapsed since first return to duty (see paragraph 1-6g for detailed information). Otherwise, the technician should arrange for submission of the factual and medical evidence described in the instructions attached to the form, paying particular attention to the need for bridging information which describes their condition and job duties between the original injury and the recurrence.

b. Medical Treatment - Form CA-16. The supervisor, at their discretion, may issue Form CA-16 to authorize examination or treatment for a recurrence of disability if it resulted from an injury previously recognized as compensable by OWCP. The supervisor may not authorize examination or treatment when OWCP has disallowed the original claim or when more than six months have elapsed since the technician last returned to work.

c. Claim for Wage Loss - Form CA-7. If a technician wishes to claim compensation because of a recurrence, Form CA-7 is required. The technician is to complete a Form CA-7 and submit it to the supervisor along with supporting medical evidence. A Form CA-7 is to be completed and submit every two weeks until otherwise notified by OWCP.

1-5 ENTITLEMENT TO MEDICAL BENEFITS AND CARE: The FECA authorizes medical services needed to provide treatment or to counteract or minimize the effects of any condition, which is causally related to factors of Federal employment. No limit is imposed on the length of time for which medical expenses are paid, and the amount paid is based on OWCP's determination of the fees for the services involved. Technicians are entitled to all services, Appliances, and supplies prescribed or recommended by qualified physicians who, in the opinion of OWCP, are likely to cure, give relief, reduce the degree or the period of disability, or aid in lessening the amount of monthly compensation. Medical care includes examination, treatment, and related services such as hospitalization, medications, appliances, supplies, and transportation incident to securing them. Prevention care may not be authorized, however. The supervisor authorizes medical treatment by use of CA-16.

a. Definition of Physician. The term "physician" includes surgeons, osteopathic, practitioners, podiatrists, dentists, clinical psychologists, optometrists, and chiropractors within the scope of their practice as defined by State law. Naturopaths, faith healers, and other practitioners of the healing arts are not recognized as physicians within the meaning of the law.

(1) Chiropractors. Under the FECA, the services of chiropractors may be reimbursed only for treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist. The term "subluxation" is defined as an incomplete dislocation, off centering, misalignment, fixation or abnormal spacing of the vertebrae anatomically which must be demonstrable on an X-ray film to individuals trained in the reading of X-rays. Chiropractors may interpret their own X-rays, and if a subluxation is diagnosed the chiropractor's assessment of any disability caused by it will be accepted. If a Form CA-16 is issued to a chiropractor for emergency care and the condition diagnosed is other than a subluxation, charges will be honored until OWCP terminates the authority of Form CA-16. In this situation the technician is entitled to select another attending physician, who will need to submit a report substantiating the condition found and addressing any disability for work in order for the claim to be accepted.

(2) Excluded Physicians. The term "qualified physician" does not include those whose licenses to practice medicine have been suspended or revoked by a state licensing or regulatory authority or who have been excluded from payment under FECA.

b. Choice of Physician. The supervisor must honor the technician's choice of physician as follows:

(1) Initial Choice. A technician is entitled to initial selection of physician for treatment of an injury.

(2) Referral by Attending Physician. The attending physician may engage the services of other facilities which provide X-ray or laboratory services or of specialists whom the physician feels it necessary to consult. Charges for such services will usually be paid if the attending physician requested them.

(3) Change of Physician. Except for referral by the attending physician, any changes in treating physician after the initial choice must be authorized by OWCP. Otherwise, OWCP will not be liable for the expenses of treatment. The technician should request any such change in writing with an explanation of the reasons for the request.

(4) Transfer of Medical Care. The agency does not have authority to transfer medical care from one physician to another. If adequate medical care is not available locally or the agency feels transfer of medical care is advisable for other reason, OWCP must be contacted for instructions.

c. Medical Treatment and Evaluation.

(1) Claimant Requests. Some forms of medical treatment should be approved by OWCP in advance in order to guarantee payment. The attending physician, who should include their reasons for believing the services to be necessary, should make request for any of the following services in writing. A request for surgery form may be obtained from the HRO office. (Prior authorization need not be obtained to purchase minor appliances such as a sacroiliac belt or an ankle strap or for such items as crutches and canes if prescribed by the attending physician). Examples of services requiring advanced approval are:

(a) Non-emergency surgery; a second opinion examination may be included in the approval process. (It should be noted that OWCP may not require a claimant to undergo surgery or any other invasive procedure, such as a myelogram);

(b) Dental - treatment, including repairs to natural teeth, false teeth, and other prosthetic dental devices, needed to repair or damage or loss caused by employment related injury.

(c) Private hospital room accommodations (only semi-private rooms will be authorized unless private accommodations are required by the technician's condition);

(d) Hospital beds, traction apparatus, wheelchairs, and similar equipment.

(e) Orthopedic appliances and shoes;

(f) Nursing home care;

(g) Courses of physical therapy;

(h) Hearing aids and lip reading services;

(i) The services of hearing and Seeing Eye dogs;

(j) Membership in health clubs.

(2) Payment of Bills. Medical support is required to substantiate that services for which payment or reimbursement is requested were required for the accepted, work-related injury. Documentation usually takes the form of a report or clinical notes from the physician. A copy of the discharge summary should support hospital bills.

1-6 CONTINUATION OF PAY (COP): The FECA provides that a technician's regular pay may be continued for up to 45 calendar days of wage loss due to disability and/or medical treatment following a traumatic injury. The intent of this provision is to eliminate interruption in the technician's income while the claim is being adjudicated. COP is not considered compensation and therefore is not subject to taxes.

a. Entitlement.

(1) A technician is entitled to receive COP when they are absent from work due to disability or medical treatment or when they are reassigned by formal personnel action to a position with a lower rate of pay due to partial disability. Because informal assignment of light or restricted duties without a personnel action does not result in pay loss, time worked in such a position may not be charged to COP. A technician whose work schedule is changed, which results in a loss in salary or premium pay (e.g., Sunday pay or night differential) is entitled to COP for such wage loss whether or not the change in schedule was accomplished by a formal personnel action.

(2) Temporary technicians are entitled to COP on the same basis as permanent technicians, but COP may not be paid after a termination date that was established prior to the injury. This means that COP may not continue past the NTE date shown on the technician's appointment SF 50, the NTE date shown on an extension of appointment SF 50 (or SF52 that was approved prior to the injury), or the effective date shown on a termination SF 52 that was approved prior to the injury. Compensation may be paid after employment has ceased, regardless of how many days of COP have been used. Like any other technician, a temporary worker who first reports a traumatic injury after the employment is terminated is not entitled to COP.

b. Use of Leave Instead of COP. A technician may use annual or sick leave to cover all or part of an absence due to injury.

(1) If a technician elects to use leave each full or partial day for which leave is taken will be counted against the 45 days of entitlement. Therefore, while a technician may use COP intermittently along with sick or annual leave, entitlement is not extended beyond 45 days of combined absences.

(2) An election of sick or annual leave during the 45-day period is not irrevocable. If a technician who has elected leave for the period wishes to elect COP, the supervisor must make such a change on a prospective basis from the date of the technician's request. Where the technician wishes to have leave restored retroactively, the supervisor must honor the request provided they receive prima facie medical evidence of injury-related disability for the period.

c. Controversion. Sometimes after investigation of a claim the supervisor objects to paying a claim for continuation of pay, either for one of the reasons provided by regulation or for some other reason. This action is called controversion. The supervisor may controvert a claim by completing the indicated portion of Form CA-1 and submitting detailed information in support of the controversion through HRO to OWCP. Even though a claim is controverted, however, the supervisor must continue the technician/s regular pay unless at least one of the conditions set forth in para (1) below applies.

(1) Pay may not be continued under any of the following circumstances:

(a) The disability is a result of an occupational disease or illness;

(b) The technician is neither a citizen nor a resident of the United States, Canada, or the Canal Zone (i.e., foreign national employed outside the areas indicated);

(c) The injury occurred off the employing agency's premises and the technician was not engaged in official "off-premises" duties; (see paragraph 1-8(c)(2).

(d) The technician caused the injury by their willful misconduct, or intended to bring about their injury or death or that of another person, or the technician's intoxication was the proximate cause of the injury. (see paragraph 1-8e)

(e) The injury was not reported on a form approved by OWCP (usually Form CA-1) within 30 days following the injury;

(f) Work stoppage first occurred more than 45 days following the injury;

(g) The technician initially reported the injury after employment was terminated.

(2) The employing agency may dispute a technician's right to receive COP (and/or the validity of the claim as a whole) on other grounds, for instance on the basis that the claimant was not performing assigned duty when the injury occurred, or that the condition claimed is not the result of a work-related injury (see paragraph 1-8). Any such objection should be supported by objective evidence such as witness statements, pictures, accident investigations, or time sheets. If the validity of a claim is disputed during the 45-day period unless one of the conditions in paragraph 1-6f or 1-6h is met.

d. Pay Rate for COP Purposes. A technician's regular pay is their average weekly earnings, including premium pay, night or shift differential, or holiday pay.

(1) For a full-time or part time worker, either permanent or temporary, who works the same number of hours per week, the weekly pay rate equals the average weekly earnings for the one-year period prior to the date of injury.

(2) For a part time worker, either permanent or temporary, who does not work the same number of hours per week, the weekly pay rate equals the average weekly earnings for the one-year period prior to the date of injury.

(3) For an intermittent or part time worker, either permanent or temporary, who does not work each week of the year (or the period of appointment) the weekly pay rate equals the average of the technician's weekly earnings during the one year before the injury. It is computed on the basis of the total earnings divided by the number of weeks worked (partial weeks worked are counted as whole weeks). The annual earnings used for this computation must not, however, be less than 150 times the average daily wage earned within one year before the date of injury (the daily wage is the hourly rate times eight).

(4) Premium, night or shift differentials as well as holiday, or other extra pay should be included. However, new regulations now exclude Sunday premium pay.

(5) Changes in pay, such as within-grade increases or promotions, demotions, terminations of temporary details, etc. which the technician would have received but for the injury are included in COP since this payment represents salary and not compensation. Moreover, a claimant who does not exhaust their entitlement to COP at the time of injury and who is later entitled to use COP while employed at a higher paying job than the one held at the time injury is entitled to receive COP at the higher rate of pay. Where the weekly COP rate is based on the technician's average weekly earnings over the one year period prior to the date of injury, the COP rate should be changed by the same percentage as the change in hourly pay or salary.

(6) The effects of the injury sometimes result in loss of elements of pay such as night differential (e.g., a night shift worker is reassigned to the day shift in order to perform prescribed light duty). In such situations COP should be granted for the lost elements of pay (e.g., the night differential). Each day for which COP is granted to cover lost elements of pay will count as one full day of COP toward the 45-day limit.

e. Computation. COP will be charged as follows:

(1) Unless the injury occurs before the beginning of the workday, time loss on the day of injury should be charged to administrative leave. The period to be charged to COP begins with the first day or shift of disability or medical treatment following the date of injury, provided that the absence began within 45 days after the injury. COP should be charged for weekends and holidays if the medical evidence shows the technician was disabled on the days in question; for example, if the physician indicates that disability will continue only through Saturday for an individual who has Saturday and Sunday off, COP will be charged only through Saturday.

(2) If work stoppage occurs for only a portion of a day or shift, a full day of COP will be counted against the 45-calendar day entitlement, even though the technician is not entitled to COP for the entire day or shift. For example, if a technician who has returned to work must lose three hours in order to receive physical therapy for the effects of the injury; they are entitled to only three hours of COP even though one full calendar day will be charged against the 45 day limit. If the technician is absent for all or part of the remaining workday, the time loss should be covered by leave, LWOP, AWOL, etc., as appropriate, since absence beyond the time needed to obtain the physical therapy cannot be charged to COP.

(3) If the technician is only partially disabled following the injury, and continues to work several hours each workday, each day or partial day of absence from work is chargeable against the 45 day period.

f. Light Duty Assignments. When the physician's report indicates that the technician is no longer totally disabled, they are required to accept any reasonable offer of suitable light or limited duty. Such an offer may be made by telephone but must be confirmed in writing, within 48 hours in order to be valid; it should include a description of the duties and requirements of the offered position. If a personnel action is involved, the technician must be furnished with a copy of it prior to the effective date.

(1) COP should be paid if the technician has been assigned light duty by formal personnel action and pay loss results (e.g., the technician is placed in a light duty position at lower pay). COP should also be paid if the light duty consists of work at regular duties for less than the usually scheduled number of hours.

(2) The dollar amount of COP will be the difference between the pay rates of the job held on date of injury and the light duty position. One full day of COP should be charged for each day of light duty, even though the technician is working a full shift.

(3) If the technician refuses to accept the work offered, COP should be terminated as of the date of the technician's refusal or after five workdays from the date of the offer, whichever is earlier. OWCP will then determine entitlement based on the medical reports and the duties of the offered position and issue a formal decision concerning payment of COP. A discussion of the criteria used in making such determinations is contained in paragraph 1-6d.

g. Recurrences. In many cases, a technician will return to work without using all 45 days of entitlement of COP. Should such a technician suffer a recurrence of disability, they may use COP if no more than 45 days have elapsed since the date of first return to work, including part time work and light duty following the first work stoppage. If the recurrence begins later that 45 days after the first return to work the supervisor should not pay COP even though some days of entitlement remain unused. A period which begins before the 45 day deadline and continues beyond it may be charged to COP as long as the period of time is uninterrupted.

h. Terminating COP. COP should not be stopped until:

(1) The expiration of the ten-calendar day period after the technician claims COP or the disability begins (or recurs), whichever is later, if the agency has not received prima facie medical evidence of injury-related disability within that period. Such evidence is defined as medical evidence that indicates that the technician is disabled for the job held at the time of injury because of an employment injury. Pay may be continued without such evidence if the supervisor is satisfied that the technician sustained a disabling traumatic injury; or

(2) The supervisor receives medical information from the attending physician stating that the technician is no longer disabled for regular work. The supervisor should also terminate COP when a partially disabled technician returns to full-time light duty with no pay loss, or if they refuse a suitable offer of light duty; or

(3) The supervisor receives notice from OWCP that pay should be terminated; or

(4) The expiration of 45 calendar days; or

(5) A technician who is scheduled to be separated and reports a traumatic injury on or before the separation date should still be separated; they are entitled to COP up to the date of termination and to compensation thereafter.

i. Reporting COP.

(1) Time Cards, Time loss for a technician who is receiving COP should be recorded on the Time and Attendance Report. Proper recording procedures can be found in NGB Pam 37-2 for Army and AF Manual 177-372A for Air.

(2) When entitlement to COP ends, the technician returns to work or their disability ceases, the supervisor should notify HRO (unless the return to duty information was included on Form CA-1 when the injury was first reported). The report should state the specific days and hours charged to COP and/or leave, and attachments may be used if necessary. In cases of intermittent or delayed disability, time charged to COP may be reported by narrative letter.

(3) If the disability ends before the expiration of the 45-day period, the supervisor should terminate COP. A technician who is not longer disabled must return to work upon notification by the attending physician that they are able to perform full regular duty or suitable and available light duty. If the technician does not return to duty, an overpayment may result which is subject to collection by the agency.

(4) Formal Decision. In all cases OWCP has the final authority to determine whether the agency's action in paying or terminating COP is correct. If entitlement is denied, OWCP will inform the technician and the employer by formal decision. Payment made may then be charged, at the technician's option, to sick or annual leave or be deemed an overpayment subject to collection by the employing office.

1-7 COMPENSATION BENEFITS: Compensation to technicians for loss of wages or loss of wage-earning capacity and to beneficiaries in cases of death is payable only for injuries, illness or death occurring while in the performance of technician duties as follows.

a. Time Limitations. All cases must first satisfy the statutory time requirements of FECA.

(1) Provisions of the law provide that a claim for compensation must be filed within three years of the injury or death. Even if claim is not filed within three years, however, compensation may still be allowed if written notice of injury was given in 30 days or the immediate superior had actual knowledge of the injury or death within 30 days after occurrence. This knowledge may consist of written records or verbal notification; an entry into a technician's medical record may also satisfy this requirement if it is sufficient to place an employer on notice of possible work-related injury or illness. The law also provides that the filing of a disability claim because of injury will satisfy the time requirements for a death claim on the same injury. The failure of an individual to comply with the three-year time requirement may be excused by OWCP because of exceptional circumstances.

(2) When time limitations begin.

(a) For a traumatic injury, the statutory time limitations begin the date of injury.

(b) For a latent condition, time limitations begin when an injured technician who has a compensable disability becomes aware, or reasonably should have been aware, of a possible relationship between the condition and the employment. In situations where the exposure to possibly injurious employment-related conditions continues after this knowledge, the time limitation for filing begins on the date of the technician's last exposure to the implicated conditions.

(c) In death cases resulting from traumatic injury, time limitations begin the date of death. Where death is due to disease, time limitation begin when the beneficiary is aware, or reasonably should have been aware, of causal relationship between the death and the factors of employment.

(d) For a minor, the time limitations do not begin until the person reaches the age of 21 or has a legal representative. For a person who is mentally incompetent, the time limitations do not begin until the person has a legal representative.

(3) Written Notice. Form CA-1 or CA-2 constitutes notice of injury. A claim for compensation (Form CA-7 in disability cases, Form CA-5 or CA-5b in death cases) may also constitute notice of injury. Moreover, OWCP will accept as a notice of injury or death any written statement which is signed by the claimant or someone acting on his/her behalf and which states: the name of the technician; the name and address of the claimant; the time and location of the injury or death; and the cause and nature of the injury or death.

(4) Actual Knowledge. A supervisor may acquire actual knowledge through firsthand Observation of the incident, from another technician,

or from medical personnel. This knowledge must place the employing establishment reasonably on notice of an on-the-job injury or death. An entry into the technician's medical records may be considered actual knowledge, as may the results of tests conducted by the agency in connection with known occupational hazards. The date on which the agency or OWCP receives written notice will be considered the date of filing. Information addressing the issue of actual knowledge is needed only when the agency did not receive written notice within three years.

b. Disability Benefits. A technician who suffers employment-related disability may be eligible for one or more types of wage loss compensation. Such benefits are classified according to the nature and extent of disability Incurred.

(1) Temporary Total Disability. Compensation based on loss of wages is payable after the end of continuation of pay where entitlement exists (see paragraph 8-7) or from the beginning of pay loss an SF 52, Request for Personnel Action, must be submitted to HRO when a technician requests compensation. A technician without dependents is entitled to compensation at the rate of 66 2/3 percent of their salary. With dependents, they are entitled to 75 percent of the salary.

(a) Dependents. The following are considered dependents for compensation purposes:

(1) A wife or husband residing with the technician or receiving regular support payments from them, either court-ordered or otherwise;

(2) An unmarried child who lives with the technician or who receives regular contributions of support from him/her, and who is under the age of 18, or over the age of 18 and incapable of self-support due to physical or mental disability;

(3) A student between 18 and 23 years of age who has not completed 4 years of post-high school education and who is regularly pursuing a full-time course of study.

(4) A parent who is wholly dependent upon and supported by the technician.

(b) Waiting Days. A three-day waiting period, for which no compensation is payable, applies except in cases where disability extends more than 14 days or permanent disability results. In these cases compensation will be paid for the three-days

c. Other Considerations. The following sections apply to both disability and death claims. Dual Benefits: The FECA prohibits payment of compensation and certain other Federal benefits at the same time. This prohibition does not, however, prevent an individual from filing for benefits from more than one Government program at the same time. For instance, a claimant for disability benefits may file for a retirement annuity, either regular or disability or a claimant for death benefits may apply for survivor annuity, while their claim with OWCP is pending. Only if both benefits are approved will the rules governing dual benefits be invoked.

(1) Office of Personnel Management (OPM). Except for schedule awards, a person may not receive disability benefits from OWCP concurrently with a regular or disability annuity; nor may person receive death benefits from OWCP concurrently with a survivor's annuity. Therefore, a beneficiary who is entitled to both benefits must elect between them. The election may be offered by either OWCP or OPM depending on the order in which entitlement is determined. An individual may, however, receive disability benefits from OWCP or an annuity from OPM on their own behalf along with death benefits from the other agency which are payable on account of a spouse's death. In addition, the beneficiary may change their election for different periods of time based on the benefits that are more advantageous. In either case, however, the beneficiary must be fully advised of the amount that will be forthcoming and the nature and frequency of any increases which will accrue so that they can make an informed election.

(2) Veterans Administration (VA). Beneficiaries who receive compensation from the VA may also be required to elect between the benefits paid by that agency and those paid by OWCP. Such an election is required when the disability or death resulted from an injury sustained in civilian Federal employment and the VA has held that it was caused by military service, or when the VA increases a service-connected disability award due to an injury sustained in Federal civilian employment (in the latter case the election involves only the increase in VA benefits due to disability incurred during civilian employment.) No election is required between OWCP benefits and those granted by the VA for strictly service-related disability. In death claims, any payment made by the VA for funeral or burial expenses may not be duplicated by OWCP, and the total payable by both agencies may not exceed $800.

(3) Other Federal Income. A technician may receive compensation concurrently with military retired pay, retirement pay, retainer pay or equivalent pay for service in the armed forces or other uniformed services subject to reduction of such pay in accordance with 5 U.S.C. 5532 (b). A technician may also receive Social Security payments and OWCP benefits at the same time, subject to income limitations imposed by the Social Security Administration. Finally, a technician may receive unemployment compensation benefits concurrently with OWCP benefits.

d. Computing Compensation. Compensation checks are issued on a weekly or four-weekly basis, depending on the kind of benefit and the length of time benefits are paid. Short-term payments of compensation are issued on a week's basis, while long-term payments are made every four weeks. Checks may be sent to the beneficiary or to a financial institution designated by them to receive the funds, but they may not be sent in care of the claimant's representative unless guardianship or conservatorship is involved. Compensation payments for wage loss are based on a percentage of the technician's salary (or a statutory pay rate). Payments are computed by multiplying the applicable percentage by the wage rate and increasing the result by any cost-of-living increases to which the beneficiary is entitled.

(1) Pay Rate. For both disability and death claims, the pay rate used to compute compensation payments is the one in effect on the

date of injury, date of recurrence, or date disability began, whichever is higher. Thus, the pay rate for compensation purposes may change over the life of a claim. The salary used to compute compensation is not affected, however, by general increases in the rate paid for the technician's grade and step. Moreover, the pay rate is not affected by any promotion or raise the technician might have received but for the injury.

(2) Additional Elements of Pay. Included in the salary are night shift differential, and holiday pay. Hazard pay and dirty work pay is also included. In reporting these elements of pay, the supervisor should indicate the weekly or biweekly amount if the technician has a regular schedule.

(3) Compensation Rate. The compensation rate is the percentage applied to the salary in order to determine the monetary amount of the compensation payment. These rates are described in paragraph 1-7 (d) for disability cases and 1-7 (a) for death cases.

(4) Cost-of-Living Increases. Each March 1st the increase in the cost of living for the preceding calendar year is determined. If the beneficiary has been entitled to compensation for at least one year prior to March 1, a cost-of-living increase is applied to the benefits.

(5) Minimum and Maximum Rates. The law provides for minimum and maximum payments of compensation.

(a) Disability. Compensation for temporary total disability or schedule awards may not exceed 75 percent of the monthly salary of a technician at the highest step of the GS-15 level.

(b) For total disability, it may not be less than 75 percent of the monthly salary of a technician at the first step of the GS-2 level or actual pay, whichever is less.

(6) Incorrect Payments. A technician who receives a compensation payment or reimbursement for medical expense that they know to be incorrect, either partially or totally, should return the check to OWCP immediately. If an overpayment occurs, OWCP will determine whether the beneficiary is with fault in creation of the overpayment. Only if a beneficiary is determined to be without fault may waiver of the overpayment be considered.

(7) Health Benefits. OWCP will make deductions for Federal Employee's Health Benefits coverage for beneficiaries who are entitled to continue their enrollment. Deductions cannot be made for periods less than 14 days, and compensation must be paid for at least 28 days in order for deductions to be made.

1-8 INVESTIGATION OF CLAIMS: One of the most important supervisory duties of OWCP cases is personal investigation of claims filed. Investigation of the claim by the immediate supervisor should start immediately upon notification that an injury has occurred. The investigation should either substantiate the claim or show doubt as to the validity of the claim.

a. Questionable Claims. In the course of processing a claim, the supervisor may identify information that leads them to question the circumstances surrounding it. If this happens, they should investigate the circumstances and report the results to HRO. All such allegations must be supported by specific factual evidence before they can be considered by OWCP, which is the final arbiter of entitlement. Situations that may prompt the supervisor to conduct such an investigation, and actions that they may take, are as follows:

(1) If the technician has given differing versions of the incident to different people, or several witnesses give differing accounts of the facts surrounding the injury, the supervisor should request a written statement from each person which details their knowledge of the situation.

(2) If the technician reported to work on the date of the claimed injury with the appearance of a preexisting condition or injury, the supervisor should obtain statements detailing the relevant observations from witnesses.

(3) If a lengthy period elapses between the alleged injury and the time it is reported, and the claimant appears to be able to perform normal duties, a written statement detailing the situation should be composed.

(4) If a technician who has claimed injury is reported to be working at another job, the supervisor should first ask him/her about the requirements of the other employment. Depending on the reply, the supervisor may wish to ask the technician for permission to contact the other employer for information concerning duties and periods of employment. OWCP will consider all information submitted and correspond further with the parties involved if necessary .The authority to determine any aspect of a claim rests with OWCP, however, and while the agency is entitled to an explanation of the basis of OWCP's action, it must accept the determination rendered.

b. Fact of Injury. It must be established whether the technician in fact sustained an injury or disease. Two factors are involved in this determination:

(1) Occurrence of Event. Whether the technician actually experienced the accident, event, or employment factor which is alleged to have occurred is resolved in the basis of factual evidence including; statements from the claimant, the agency, and any witnesses. An injury need not be witnessed in order to be compensable. If the supervisor feels, however, that the claimant's testimony is contrary to the facts and circumstances of the injury, they should supply pertinent information in support of their beliefs.

(2) Medical Condition. Whether the accident or employment factor resulted in an injury or disease is determined on the basis of the attending physician's statement that a medical condition is present which may be related to the incident. Simple exposure, (for instance, to a contagious condition or dusty environment) does not constitute an injury.

c. Performance of Duty. It must be determined whether the technician was in the performance of technician duty when the injury occurred.

(1) Agency Premises. A technician who is injured on agency premises during working hours has the protection of the FECA unless engaged in an activity that removes them from the scope of employment. Coverage includes injuries that occur while the technician was performing assigned duties or engaging in an activity which was reasonably associated with the employment. Such activities include use of facilities for the technician's comfort, health, and convenience as well as eating meals and snacks provided on the premises. The premises include areas immediately outside the building, such as steps or sidewalks, if these are Federally owned or maintained. The agency should document an injury occurring in such an area by submitting a diagram showing where it happened.

(a) Outside Working Hours. Coverage is extended to technicians who are on the premises for a reasonable time before or after working hours; it is not extended however, to technicians who are visiting the premises for non-work-related reasons. The supervisor should verify the time of the injury and provide any information in their possession about the technician's purpose in being on the premises at the time of injury.

(b) Representational Functions. Injuries to technicians performing representational functions entitling them to official time are covered. Injuries to technicians engaged in the internal business of a labor organization, such as soliciting new members or collecting dues, are not covered. The supervisor should advise whether the technician was entitled to official time when injured.

(c) Parking Facilities. The agency's premises include the parking facilities that it owns, controls, or manages. A technician will usually be covered if injured on such parking facilities. Information submitted by the technician should include a statement indicating whether it owns or leases the parking lot, and if the latter, the name and address of the owner (this information may be needed for purposes of developing the third-party aspect of the claim, which is described in paragraph 1-8f. If the parking lot is not immediately adjacent to the building, the agency should also supply a diagram showing where the injury took place in relation to the parking lot and building.

(d) Agency Housing. A technician is covered if injured during the reasonable use of premises that they are required or expected to occupy, and which are furnished or made available by the agency. Any claim for injury occurring under such circumstances should be accompanied by a full description of the living arrangements and the requirements and expectations surrounding their use.

(2) Off-Premises Injuries. Coverage is extended to technicians who perform service away from the agency's premises. It is also extended to technicians who are sent on errands or special missions.

(a) To and From Work. Technicians do not have the protection of the FECA when injured enroute between work and home, except where

the agency furnishes transportation to and from work, where the technician is required to travel during a curfew or an emergency, or where the technician is required to use their vehicle during the workday. Such claims should be accompanied by a description of circumstances.

(b) Lunch Hour. Injuries that occur during lunch hour off the premises are not ordinarily covered unless the technician is in travel status or is performing regular duties off premises.

(c) Travel Status. Technicians in travel status are covered 24 hours a day for all reasonable incidents of their TDY. If a technician decides to travel on own time outside a reasonable proximity of TDY station (usually 25 miles) they are usually not covered and claim should be controverted. All claims for injuries occurring in travel status should be accompanied by a copy of the travel authorization.

(d) Vehicular Accidents. Any claim involving a traffic accident should be accompanied by a copy of the police report, if any, and a diagram or map showing location of the accident in relation to the places where official duty was last performed and next scheduled.

(3) Other Factors. Some injuries occur under circumstances that are not governed, or not completely governed, by the premise rules. Injuries involving any of the circumstances indicated below must be determined on a case-by-case basis.

(a) Recreation. A technician is covered while engaged in formal recreation for which they are paid or is required to perform as a part of training or assigned duties. Also covered are technicians engaged in informal recreation, such as jogging, while on the agency premises. Under other circumstances, the agency must explain what benefit is derived from the technician's participation, the extent to which the agency sponsored or directed the activity, and whether the technician's participation was mandatory or optional.

(b) Horseplay. A technician who is injured during horseplay is covered if the activity was one that could reasonably be expected where a group of workers are thrown into personal association for extended periods of time. In this kind of case, it must be determined whether the particular activity was a reasonable incident of the employment or was an isolated event which could not reasonably have been expected to result from close association.

(c) Assault. An injury or death caused by the assault of another person may be covered if it is established that the assault was accidental and arose out of an activity directly related to the work or work environment. Coverage may also be extended if the injury arose out of a personal matter having no connection with the employment if it was materially and substantially aggravated by the work association. The supervisor should submit copies of any internal or external investigation to which it has access as well as witness statements from parties having knowledge of the incident.

(d) Emergencies. Coverage is extended to technicians who momentarily step outside the sphere of employment to assist in an

emergency, such as to extinguish a fire or assist a person in imminent danger.

d. Causal Relationship. Causal relationship between the condition claimed and the injury or disease sustained must be examined. Unlike fact of injury, which is discussed above and which involves the determination that a medical condition is present, causal relationship involves establishment of a connection between the injury and the condition found. This factor is based entirely on medical evidence provided by physicians who have examined and treated the technician. Opinions of the claimant, supervisor or witness are not considered, nor is general medical information contained in published articles.

(1) Kinds of Causal Relationship. Any injury or disease may be related to employment factors in anyone of four ways:

(a) Direct Causation. This term refers to situations where the injury or factors of employment result in the condition claimed through a natural and unbroken sequence.

(b) Aggravation. If a preexisting condition is worsened, either temporarily or permanently, by an injury arising in the course of employment, that condition is said to be aggravated.

(1) Temporary aggravation involves a limited period of medical treatment and/or disability, after which the technician returns to their previous physical status. Compensation is payable only for the period of aggravation established by the medical evidence, and not for any disability caused by the underlying disease. This is true even if the claimant cannot return to the job held at time of injury because the preexisting condition may be aggravated again. For example, if exposure to dust at work temporarily aggravates an technician's preexisting allergy, compensation will be payable only for the period of work-related disability, even though further exposure in the work place may cause another aggravation.

(2) Permanent aggravation occurs when a condition will persist indefinitely due to the effects of the work-related injury or when a condition is materially worsened by a factor of employment such that it will not return to the pre-injury state.

(c) Acceleration. An employment related injury or disease may hasten the development of an underlying condition, and acceleration is said to occur when the ordinary course of the disease does not account for the speed with which a condition develops.

(d) Precipitation. This term refers to a latent condition that would not have manifested itself on this occasion but for the employment. For example, a claimant's latent tuberculosis may be precipitated by work-related exposure.

(2) Medical Evidence. The issue of causal relationship almost always requires reasoned medical opinion for resolution. This opinion must be obtained from a physician who has examined or treated the technician for the condition claimed. In any case where a preexisting condition involving the same part of the body is present, the physician must provide rationalized medical opinion which differentiates between

the effects of the technician-related injury or disease and the preexisting condition. Such evidence will permit the proper kind of acceptance (temporary vs. permanent aggravation, for instance). To establish causal relationship, additional medical opinion may be requested of OWCP's District Medical Adviser or from a specialist in the medical field pertinent to the injury or disease. In a claim for a psychiatric condition, a report from a psychiatrist will be required in order to meet this criterion. In claims for occupational hearing loss and pulmonary disease, the OWCP will refer the technician for examination by an appropriate specialist after exposure to the hazardous substance or condition has been established.

(3) Consequential and Intervening Injuries. Sometimes an injury occurring outside performance of duty may affect the compensability of a work-related injury.

(a) A consequential injury is a new injury which occurs as the result of a work-related injury; for example, it occurs because of weakness or impairment caused by a work-related injury. Included in this definition are injuries sustained while obtaining medical care for a work-related injury. Consequential injuries are compensable.

(b) An intervening injury is one that occurs outside the performance of duty to the same part of the body originally injured. The resulting condition will be considered related to the original injury unless the second injury alone is established as its cause.

e. Excluded Claims. Sometimes the circumstances of a case raise the issues of willful misconduct, intention to bring about the injury or death of oneself or another, or intoxication. If any of these factors is established as the cause of the injury or death, benefits must be denied. It should be noted, however, that these exclusions must be asserted and proven by the employing agency or by OWCP.

(1) Willful Misconduct. The questions of deliberate willful misconduct may arise when the technician was violating a safety rule, disobeying other orders of the employer, or violating a law. Because safety rules have been established for the protection of the worker rather than the employer, simple negligent disregard of such rules is not sufficient to deprive a technician or beneficiary of entitlement to compensation. Disobedience of such orders may destroy the right to compensation only if the disobedience is deliberate and intentional as distinguished from careless and heedless.

(2) Intoxication. In any case involving intoxication (which may be by alcohol or controlled substances used without proper medical prescription) the record must establish both the extent to which the technician was intoxicated at the time of the injury and the particular manner in which the intoxication caused the injury. It is not sufficient just to show that the technician was intoxicated; it must be shown that the intoxication proximately caused the injury. This requirement does not, however, provide an employing agency with any additional authority to test employees for drugs beyond that which may exist under other statutes or regulations.

(3) Intention to bring about injury or death to oneself or another. Where it appears that the technician brought about their own

injury or death or that of another, intention must be established. If the factual and medical evidence shows that the technician was not in full possession of their faculties, the injury may be compensable. Thus, suicide may be compensable if the injury and its consequences directly caused a mental disturbance or physical condition which produced a compulsion to commit suicide and prevented the technician from exercising sound discretion or judgment so as to control that compulsion.

f. Third Party. When a party other than the claimant or the agency appears to be responsible for an injury or death, the claimant may be asked to seek damages from that party. "Third Party" does not include another technician or Federal employee. Such actions may include claims against individuals or product manufacturers. As an example, if apiece of furniture such as a chair is defective and causes an injury, the manufacturer can be considered "third party". Likewise if a technician is involved in a vehicle accident while on official business and another party is at fault the other party is considered "third party".

g. Excluded Claims. Sometimes the circumstances of a case raise the issues of willful misconduct, intention to bring about the injury or death of oneself or another, or intoxication. If any of these factors is established as the cause of the injury or death, benefits must be denied. It should be noted, however, that these exclusions must be asserted and proven by the employing agency or by OWCP.

What A Federal Employee Should Do When Injured At Work

Report to Supervisor	Every job-related Injury should be reported as soon as possible to your supervisor. Injury also means any Illness or disease that is caused or aggravated by the employment as well as damage to medical braces. Artificial limbs and other prosthetic devices.
Obtain Medical Care	Before you obtain medical Treatment, ask your supervisor to authorize treatment by use of form CA.16. You may initially Select the physician to provide necessary treatment. This may be a private physician or, if available, a local Federal medical officer/hospital. Emergency medical treatment may be obtained without prior authorization. Take the form CA.16 and form OWCP-1500/HCFA.1500 to the provider you select. The form OWCP.1500/HCFA 1500 is the billing form physicians must use to submit bills to OWCP. Hospitals and pharmacies may use their own billing forms. On occupational disease claims form CA-t6 may not be issued without prior approval from OWCP.
File Written Notice	In traumatic injuries, complete the employee's portion of Form CA-1. Obtain the form from your employing agency, complete and turn it in to your supervisor as soon as possible, but not later than 30 days following the injury. For occupational disease, use form CA-2 Instead of form CA.1. For more detailed Information carefully read the Benefits and Instructions sheets which are attached to the Forms CA-1 and CA-2.
Obtain Receipt of Notice	A "Receipt" of Notice of Injury is attached to each Form CA-1 and Form CA-2. Your supervisor should complete the receipt and return it to you for your personal records. If it is not returned to you, ask your supervisor for it.
Submit Claim For COP/Leave And/or Compensation	If disabled due to traumatic injury, you may claim continuation of pay (COP) not to exceed 45 calendar days or use leave. A claim for COP must be submitted no later than 30 days following the injury (the Form CA-1 is designed to serve as a claim for continuation of

For Wage Loss pay). If disabled and claiming COP, submit to your employing agency within 10 workdays medical evidence that you sustained a disabling traumatic Injury. If disabled beyond the COP period, or if you are not entitled to COP, you may claim compensation on form CA.7 or use leave. If disabled due to occupational disease, you may claim compensation on form CA.7 or use leave. A claim for compensation for disability should be submitted as soon as possible after it is apparent that you are disabled and will enter a leave-without-pay status.

The Federal Employees' Compensation Act (FECA) is administered by the U.S. Department of labor, Employment Standards Administration, Office of Workers' Compensation Programs (OWCP). Benefits include continuation of pay for traumatic injuries, compensation for wage loss, medical care and other assistance for job related Injury or death. For additional Information about the FECA, read pamphlet CA-11, "When Injured at Work. or Federal Personnel Manual, Chapter 810, Injury Compensation, available from your employing agency. The agency will also give you the address of the OWCP Office that services your area. Post on Employees' Bulletin Board

LIGHT DUTY PROGRAM: Guidance for supervisors when an employee is injured at work

2-1 GENERAL: The following procedures outline the handling of an on-the-job injury.

a. When a technician receives an on-the-job injury, the technician must immediately give notice of the injury to their supervisor. Form CA-1 is used for this purpose. The notice of injury may be given by someone else if the injured technician is unable to do so.

b. The supervisor will immediately authorize medical treatment, if there is no question that the injury is work related. Using Form CA-16 and advise the technician of his right to use COP, sick, annual or LWOP. For the initial medical evaluation, the technician should be encouraged to use the services of the nearest US medical officer or hospital. If none is available, any duly qualified physician or hospital will be used. NOTE: Administrative leave is charged on the day of injury for any absence from work due to the injury.

c. If a supervisor challenges or refutes a technician's claim of on-the-job injury, the supervisor must attach a narrative statement to the Form CA-1 explaining why they believe the claim should be denied. Even though a supervisor may challenge or refute a claim for compensation, the supervisor cannot terminate the use of COP unless it fits one of the criteria listed in item 6 of CA-1, the technician returns to light duty, or is found to be medically qualified to perform the full range of their duties. A CA-16 is like a blank check. It is valid for up to 60 days from the date of insurance. It may be terminated earlier by written notice from OWCP to the provider. A supervisor does not have to issue a CA-16. He may use his discretion if he feels the claim is questionable.

d. If the treating physician determines, based on the nature of the injury, that the technician will not be able to return to work, the supervisor will, prior to the end of the third full day of COP, furnish a Form CA-17 (Duty Status Report) and a copy of his Performance Standards to the employee either personally or by mail, for completion

by his doctor. The CA-17 is used to obtain interim medical reports concerning the technician's medical condition and the earliest date the individual will be able to return to work. The CA-17 should be updated periodically to monitor the employee's progress for a return to duty date. Generally, a CA17 should be completed every two weeks during COP or compensation. It may be requested more frequently if there is some doubt as to the extent of disability or less frequently if it is obvious the employee will be disabled for quite some time.

e. If the treating physician indicates that the technician is physically able to return to work, the supervisor will notify the individual that they must report for duty on the next scheduled workday. The technician is to be advised that refusing to do will result in an over payment and may lead to a disciplinary or adverse action under the provisions of TPR 752. (Technicians refusing to return to duty, although found fit to do so by the attending physician will be carried in an AWOL status. The HRO must be notified immediately in these situations.)

f. If the treating physician determines that the technician can perform limited, light duty work, the supervisor will notify the technician that they must return to work on the next scheduled workday. Care must be taken to ensure that the duties being performed are in accordance with the restrictions imposed by the physician. Supervisors must contact the HRO for guidance before returning a technician to limited/light duty or refusing limited/light duty.

g. An employee that is receiving COP or Compensation must have medical documentation that the employee is physically unable to work. Therefore, the employee will not be able to perform military duty (service schools, drills, annual training) while the individual is on COP or compensation. If the employee will be making up the drill, the lost wages may not be claimed for compensation. However, if the drills will not be made up, the employee may claim them on a CA-7 under other pay when they first apply for compensation.

h. Light duty for long duration. Should an injured technician remain off duty or in a limited/light duty status for less than 120 day, the supervisor need not initiate any personnel action. However, should an injured technician remain in a limited/light duty status for 120 or more days, the supervisor must contact the HRO and request that the position description and performance standards be amended (statement of difference) to indicate the limitations. For instance, if a WG-10 Aircraft Mechanic is injured and placed on light duty status as a GS-5 Clerk, the technician's position description must be so altered for the period of time the technician is in limited/light duty status.

2-2 DISABILITY COMPENSATION/LIGHT DUTY ASSIGNMENT: When a technician loses wages due to an on-the-job injury or illness, the individual is entitled to compensation. Compensation is payable at the rate of 66 2/3 percent when there are no dependents and 75 percent of the salary if there are dependents. These benefits are paid until the technician is determined to be no longer disabled by OWCP or until death. In order to reduce the charge-back cost for compensation claims, the following procedures must be used when a technician files a claim for "compensation".

a. When medical evidence shows that an injured technician's disability will continue beyond the 45 days of COP and the technician files for compensation (a claim for compensation must be filed within 3 years of the injury) the supervisor must deliver a Form CA-17 (Duty Status Report) to the employee to obtain a medical evaluation from his physician concerning whether the technician is totally disabled or is medically capable of performing limited light duties.

b. If the physician determines that the technician can perform light duty, the supervisor will immediately contact the HRO to determine the availability of a position within the commuting area. (The position can either be at the same or lower grade) If such a position is available, the HRO will notify the technician and OWCP in writing of the availability of the position and make a job offer. OWCP will determine whether the refusal is a basis for terminating compensation benefits.

c. If a funded position is not available in the commuting area, the supervisor, in cooperation with the HRO and the servicing classification activity, will modify the existing position description to reflect the restrictions imposed by the injury if management determines that restructuring the position description will not adversely impact mission accomplishment. The supervisor, through the HRO, should notify the technician of the availability of the modified position and at the same time notify OWCP. Final determination concerning the suitability of the job offer is the responsibility of OWCP.

d. If the technician accepts the position, the HRO will notify OWCP at the earliest time possible of the date the technician returned to duty. Compensation benefits will be terminated or adjusted as of the date of return to duty. To avoid overpayment of compensation, the HRO should notify OWCP by telephone no later than close of business on the first day of return to duty. The telephone notification must be followed up in writing.

e. In all cases regarding a job offer, OWCP must be notified. Upon receipt of the job offer, OWCP will promptly evaluate the position to determine whether it is within the medical restrictions imposed by the technician's physician. If determined to be a suitable offer, OWCP will notify the technician and the HRO in writing that the offer is found to be within the medical restrictions imposed and that the technician is expected to accept the position. Failure to accept the position may result in termination of compensation.

CA-1 (Front)

Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

Employee: Please complete all boxes 1 - 15 below. Do not complete shaded areas.
Witness: Complete bottom section 16.
Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a, b, and c.

Employee Data

1. Name of employee (Last, First, Middle): Smith, Diana S.
2. Social Security Number: 000-00-9410
3. Date of birth Mo. Day Yr.: 02 20 65
4. Sex: ☐ Male ☒ Female
5. Home telephone: (217) 7610000
6. Grade as of date of injury: Level 9 Step 2
7. Employee's home mailing address (include city, state, and ZIP code): 182 Joan Drive, Springfield, IL 62702
8. Dependents: ☒ Wife, Husband ☐ Children under 18 years ☐ Other

Description of Injury

9. Place where injury occurred (e.g. 2nd floor, Main Post Office Bldg., 12th & Pine): Stairway TAG Bldg, Camp Lincoln
10. Date injury occurred Mo. Day Yr.: 01 15 03 — Time: 9:30 ☒ a.m. ☐ p.m.
11. Date of this notice Mo. Day Yr.: 01 15 03
12. Employee's job title: Computer Specialist
13. Cause of injury (Describe what happened and why): Tripped and fell down stairs while carrying large box of printouts
14. Nature of injury (identify both the injury and the part of body, e.g., fracture of left leg): Sprained right ankle & right wrist - bump on forehead and contusions on right hip and r. leg

a. Occupation code
b. Type code
c. Source code
OWCP Use - NOI Code

Employee Signature

15. I certify, under penalty of law, that the injury described above was sustained in performance of duty as an employee of the United States Government and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim medical treatment, if needed, and the following, as checked below, while disabled for work:

☒ a. Continuation of regular pay (COP) not to exceed 45 days and compensation for wage loss if disability for work continues beyond 45 days. If my claim is denied, I understand that the continuation of my regular pay shall be charged to sick or annual leave, or be deemed an overpayment within the meaning of 5 USC 5584.

☐ b. Sick and/or Annual Leave

I hereby authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs (or to its official representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.

Signature of employee or person acting on his/her behalf Diana S. Smith **Date** 1/15/03

Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

Have your supervisor complete the receipt attached to this form and return it to you for your records.

Witness Statement

16. Statement of witness (Describe what you saw, heard, or know about this injury)

Diana was ahead of me on the stairs. I saw her miss a step and fall down the stairs.

John Harmon

Name of witness: John Harmon
Signature of witness
Date signed: 1/15/03
Address: 1301 N. MacArthur Blvd.
City: Springfield
State: IL
ZIP Code: 62702

Form CA-1
Rev. Apr. 1999

CA-1 (Back)

Official Supervisor's Report: Please complete information requested below:

Supervisor's Report

17. Agency name and address of reporting office (Include city, state, and ZIP code) — OWCP Agency Code

LEAVE BLANK HRO WILL COMPLETE — OSHA Site Code

18. Employee's duty station (Street address and ZIP code) — ZIP Code

1301 N. MacArthur Blvd, Springfield, IL 62702

19. Employee's retirement coverage ☐ CSRS ☒ FERS ☐ Other, (Identify)

20. Regular work hours From: 7:00 ☒ a.m. ☐ p.m. To: 4:30 ☐ a.m. ☒ p.m.

21. Regular work schedule 5/4/9 Compressed ☐ Sun. ☒ Mon. ☒ Tues. ☒ Wed. ☒ Thurs. ☒ Fri. ☐ Sat.

22. Date of injury Mo. 01 Day 15 Yr. 03

23. Date notice received Mo. 01 Day 15 Yr. 03

24. Date stopped work Mo. 01 Day 15 Yr. 03 Time: 9:30 ☒ a.m. ☐ p.m.

25. Date pay stopped NA

26. Date 45 day period began Mo. 01 Day 16 Yr. 03

27. Date returned to work Mo. 01 Day 18 Yr. 03 Time: 7:00 ☒ a.m. ☐ p.m.

28. Was employee injured in performance of duty? ☒ Yes ☐ No (If "No," explain)

29. Was injury caused by employee's willful misconduct, intoxication, or intent to injure self or another? ☐ Yes (If "Yes," explain) ☒ No

30. Was injury caused by third party? ☐ Yes. ☒ No (If "No," go to Item 31.)

31. Name and address of third party (Include city, state, and ZIP code)

32. Name and address of physician first providing medical care (Include city, state, ZIP code)

Springfield Clinic Prompt Care

S. 7th Street

Springfield, IL 62702

33. First date medical care received Mo. 01 Day 15 Yr. 03

34. Do medical reports show employee is disabled for work? ☒ Yes ☐ No until 01-18-03

35. Does your knowledge of the facts about this injury agree with statements of the employee and/or witness? ☒ Yes ☐ No (If "No," explain)

36. If the employing agency controverts continuation of pay, state the reason in detail.

37. Pay rate when employee stopped work $28,242 Per year

Signature of Supervisor and Filing Instructions

38. A supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect of this claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:

John Great
Name of supervisor (Type or print)

John Great
Signature of Supervisor

Date 01/18/03

Supervisory Computer Specialist
Supervisor's Title

Office phone 217 761-3640

39. Filing Instructions
- ☐ No lost time and no medical expense: Place this form into employee's medical folder (SF-66-D)
- ☐ No lost time, no medical expense incurred or expected: forward this form to OWCP
- ☒ Lost time covered by leave, LWOP, or COP: forward this form to OWCP
- ☐ First Aid Injury

Form CA-1
Rev. Apr. 1989

Appendix B: CA-16

Authorization for Examination And/Or Treatment

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

The following request for information is authorized by law (5 USC 8101 et. seq.). Benefits and/or medical services expenses may not be paid or may be subject to suspension under this program unless this report is completed and filed as requested. Information collected will be handled and stored in compliance with the Freedom of Information Act, the Privacy Act of 1974 and OMB Cir. No. A-108.

OMB No.: 1215-0103
Expires: 10-31-94

PART A - AUTHORIZATION

1. Name and Address of the Medical Facility or Physician Authorized to Provide the Medical Service:
Springfield Clinic Prompt Care
South 7th Street
Springfield, IL 62702

2. Employee's Name (last, first, middle)
Smith, Diana S.

3. Date of Injury (mo. day, yr.)
01-05-04

4. Occupation
Computer Specialist

5. Description of Injury or Disease:
Fell Down stairs- sprained right ankle & R. wrist
Bump on forehead & contusion on right hip and R. leg.

6. You are authorized to provide medical care for the employee for a period of up to sixty days from the date shown in item 11, subject to the condition stated in item A, and to the condition indicated either 1 or 2, in item B.

A. Your signature in item 35 of Part B certifies your agreement that all fees for services shall not exceed the maximum allowable fee established by OWCP and that payment by OWCP will be accepted as payment in full for said services.

B. ☐ 1. Furnish office and/or hospital treatment as medically necessary for the effects of this injury. Any surgery other than emergency must have prior OWCP approval.

☐ 2. There is doubt whether the employee's condition is caused by an injury sustained in the performance of duty, or is otherwise related to the employment. You are authorized to examine the employee using indicated non-surgical diagnostic studies, and promptly advise the undersigned whether you believe the condition is due to the alleged injury or to any circumstances of the employment. Pending further advice you may provide necessary conservative treatment if you believe the condition may be to the injury or to the employment.

SAMPLE

7. If a Disease or Illness is Involved, OWCP Approval for Issuing Authorization was Obtained from (Type Name and Title of OWCP Official)

8. Signature of Authorizing Official:
John Harmon

9. Name and Title of Authorizing Official: (Type or print clearly)
John Harmon
Supervisory Computer SPC

10. Local Employing Agency Telephone Number:
217-761-3640

11. Date (mo., day, year)
01-05-04

12. Send one copy of your report: (Fill in remainder of address)

U.S. DEPARTMENT OF LABOR
Employment Standards Administration
Office of Workers' Compensation Programs

13. Name and Address of Employee's Place of Employment:

Department of Agency
LEAVE BLANK HRO WILL COMPLETE

Bureau or Office

Local Address (including Zip Code)

Public Burden Statement

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing burden, to the Office of Information Management, Department of Labor, Room N1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

Form CA-16
Rev. Oct. 1988

Appendix B: CA-16 (BACK)

PART B - ATTENDING PHYSICIAN'S REPORT

14. Employee's Name (last, first, middle)

15. What History of Injury or Disease Did Employee Give You?

16. Is there any History or Evidence of Concurrent or Pre-existing Injury, Disease, or Physical Impairment? (If yes, please describe)
☐ Yes ☐ No

16a. ICD-9 Code

17. What are Your Findings? (Include results of X-rays, laboratory tests, etc.)

18. What is your diagnosis?

18a. ICD-9 Code

19. Do You Believe the Condition Found was Caused or Aggravated by the Employment Activity Described? (Please explain your answer if there is doubt)
☐ Yes ☐ No

20. Did Injury Require Hospitalization? ☐ Yes ☐ No
If yes, date of admission (mo., day, year)
Date of discharge (mo., day, year)

21. Is Additional Hospitalization Required?
☐ Yes ☐ No

22. Surgery (If any, describe type)

23. Date Surgery Performed (mo., day, year)

24. What (Other) Type of Treatment Did You Provide?

25. What Permanent Effects, If Any, Do You Anticipate?

26. Date of First Examination (mo., day, year)

27. Date(s) of Treatment (mo., day, year)

28. Date of Discharge from Treatment (mo., day, year)

29. Period of Disability (mo., day, year) (If termination date unknown, so indicate)
Total Disability: From To
Partial Disability: From To

30. Is Employee Able to Resume
☐ Light Work Date:
☐ Regular Work Date:

31. If Employee is Able to Resume Work, Has He/She been Advised? ☐ Yes ☐ No If Yes, Furnish Date Advised

32. If Employee is Able to Resume Only Light Work, Indicate the Extent of Physical Limitations and the Type of Work that Could Reasonably be Performed with these Limitations

33. General Remarks and Recommendations for Future Care, if Indicated. If you have made a Referral to Another Physician or to a Medical Facility, Provide Name and Address.

34. Do You Specialize? ☐ Yes ☐ No (If yes, state specialty)

35. SIGNATURE OF PHYSICIAN. I certify that all the statements in response to the questions asked in Part B of this form are true, complete and correct to the best of my knowledge. Further, I understand that any false or misleading statement or any misrepresentation or concealment of material fact which is knowingly made may subject me to felony criminal prosecution.

36. Address (No., Street, City, State, Zip Code)

37. Tax Identification Number

38. Date of Report

Doctor Completes

MEDICAL BILL: Charges for your services should be presented to the AMA standard "Health Insurance Claim Form" (AMA OP 407/408/409; OWCP-1500a, or HCFA 1500). Service must be itemized by Current Procedural Terminology Code (CPT 4) and the form must be signed.

Appendix D: CA-17

Duty Status Report

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

This form is provided for the purpose of obtaining a duty status report for the employee named below. This request does not constitute authorization for payment of medical expense by the Department of Labor, nor does it invalidate any previous authorization issued in this case. This request for information is authorized by law (5 USC 8101 et seq.) and is required to obtain or retain a benefit. Information collected will be handled and stored in compliance with the Freedom of Information Act, the Privacy Act of 1974 and the OMB Cir. A-108. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

OMB No. 1215-0103
Expires: 08-31-02

OWCP File Number (if known)

SIDE A - Supervisor: Complete this side and refer to physician

1. Employee's Name (Last, first, middle): Smith, Diana S.
2. Date of Injury (Month, day, yr.): 01-15-03
3. Social Security No.: 000-00-9410
4. Occupation: Computer Specialist
5. Describe How the Injury Occurred and State Parts of the Body Affected: Fall - R. Ankle & R. Wrist Bump on head & R. Hip and R. Leg contusion
6. The Employee Works: Hours Per Day 9 Days Per Week 40
7. Specify the Usual Work Requirements of the Employee. Check Whether Employee Performs These Tasks or Is Exposed Continuously or Intermittently, and Give Number of Hours.

Activity	Continuous	Intermittent	
a. Lifting/Carrying: State Max Wt.	#lbs.	#lbs.	Hrs Per Day
b. Sitting		10	Hrs Per Day
c. Standing		3	Hrs Per Day
d. Walking		1	Hrs Per Day
e. Climbing			Hrs Per Day
f. Kneeling			Hrs Per Day
g. Bending/Stooping		1	Hrs Per Day
h. Twisting			Hrs Per Day
i. Pulling/Pushing			Hrs Per Day
j. Simple Grasping			Hrs Per Day
k. Fine Manipulation (includes keyboarding)		4	Hrs Per Day
l. Reaching above Shoulder			Hrs Per Day
m. Driving a Vehicle (Specify)			Hrs Per Day
n. Operating Machinery (Specify)			Hrs Per Day
o. Temp. Extremes			range in degrees F
p. High Humidity			Hrs Per Day
q. Chemicals, Solvents, etc. (Identify)			Hrs Per Day
r. Fumes/Dust (Identify)			Hrs Per Day
s. Noise (Give dBA)			dBA Hrs Per Day

t. Other (Describe)

SIDE B - Physician: Complete this side

8. Does the History of Injury Given to You by the Employee Correspond to that Shown in Item 5? ☐ Yes ☐ No (If not, describe)
9. Description of Clinical Findings
10. Diagnosis Due to Injury
11. Other Disabling Conditions
12. Employee Advised to Resume Work? ☐ Yes, Date Advised ___/___/___ ☐ No
13. Employee Able to Perform Regular Work Described on Side A? ☐ Yes, If so ☐ Full-Time or ☐ Part-Time _____ Hrs Per Day ☐ No, If not, complete below:

Continuous	Intermittent	
#lbs.	#lbs.	Hrs Per Day
		Hrs Per Day
		Hrs Per Day
		Hrs Per Day
		Hrs Per Day
		Hrs Per Day
		Hrs Per Day
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		Hrs Per Day
		Hrs Per Day
		Hrs Per Day
		range in degrees F
		Hrs Per Day
		Hrs Per Day
		Hrs Per Day
		dBA Hrs Per Day

Doctor Completes

14. Are Interpersonal Relations Affected Because of a Neuropsychiatric Condition? (e.g. Ability to Give or Take Supervision, Meet Deadlines, etc.) ☐ Yes ☐ No (Describe)
15. Date of Examination
16. Date of Next Appointment
17. Specialty
18. Tax Identification Number
19. Physician's Signature
20. Date

Form CA-17