SUPPLEMENTATION. Local supplementation of this regulation is prohibited except upon approval AFZF-CP.

SUGGESTED IMPROVEMENTS. The proponent of this regulation is the Office of the Civilian Personnel Officer. Users are invited to send comments and suggested improvements to the Commander, III Corps and Fort Hood, ATTN: AFZF-CP-S.

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Appendices

- Basic Forms - Federal Employees Compensation Act
- Examples of Continuation of Pay and Compensation

*This regulation supersedes FH Regulation 690-25, 30 June 1983.
1. **PURPOSE.** This regulation provides information and guidelines relative to the Federal Employees’ Compensation Act (FECA) and outlines the responsibilities and procedures for reporting personal injury sustained by civilian personnel of III Corps and Fort Hood and serviced activities (excluding nonappropriated fund employees) while in the performance of duty, and recurrence of the injury when it results in additional lost time.

2. **POLICY.** Department of the Army (DA) policy is that any employee who suffers personal injury in the performance of their duties or contracts a disease proximately caused by their employment will receive all benefits available to them without delay. Full assistance of management officials at Fort Hood and satellited activities are made available to the employee. These officials are specifically charged with the responsibility for prompt reporting and procuring medical treatment for employees injured on-the-job.

3. **PENALTIES.**
   a. Any person making a false statement to obtain Federal Employees’ Compensation or accepting compensation payments to which they are not entitled is subject to a fine of no more than $10,000 or imprisonment for no more than 5 years, or both.
   b. Any person charged with the responsibility of making reports in connection with an injury who willfully fails, neglects, or refuses to do so; knowingly files a false report; induces, compels, or directs an injured employee 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 no more than $500 or imprisonment for no more than 1 year, or both.

4. **EXCLUSIVENESS OF REMEDY.** A Federal employee who is injured while in the performance of duty has no right to recover damages from the United States for the effects of the injury except through the FECA. The benefits provided by the FECA constitute the exclusive remedy for work-related injuries or deaths.

5. **DEFINITIONS.**
   a. **Injury.** Injury for the purposes of the injury compensation program means an injury induced by accident or trauma and includes a disease or latent disabling condition proximately caused by the employment for which benefits are provided under the FECA. Injury includes damages or destruction of medical braces, artificial limbs, and other prosthetic devices which shall be replaced or repaired. Eye glasses and hearing aids are the exception and would not be replaced, repaired, or otherwise compensated for unless the damage or destruction is incident to the personal injury requiring medical attention.
   b. **Traumatic injury.** A wound or other condition of the body caused by external force, including stress or strain. It must be identifiable as to time and place of occurrence and member or function of the body affected; and 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, such as artificial limbs, etc. Eyeglasses and hearing aids are excluded unless these items were damaged incidental to a personal injury requiring medical services.
   c. **Occupational Disease/Illness.** Injuries which are produced by systemic infections, continued or repeated stress or strain, exposure to toxins, poisons, fumes, detergents, etc., or other continued or repeated exposures to conditions of the work environment over a long period of time. Examples are hepatitis, emphysema, cirrhosis, arthritis, dermatitis, etc. In order to qualify as a disease, the injury must be caused by exposure or activities on at least two days.
d. **Recurrence.** A recurrence is the reappearance of the symptoms/pain or a previously reported or accepted injury -- either traumatic or occupational. Follow-up doctor appointments and/or medical care for a traumatic injury or disease which causes time loss is not considered a recurrence, but part of the original injury. If the injured employee is permanently released from his doctor's care and has returned to work, any further treatment that becomes necessary due to the injury shall be considered a recurrence.

e. **Physician.** Duly qualified physicians within the scope of their practice as defined by state law are: surgeons, osteopathic practitioners, podiatrists, dentists, clinical psychologists, optometrists, and chiropractors (limited to treatment consisting of manual manipulation of spine to correct a subluxation as shown by x-ray). Exceptions are naturopaths, faith healers, and other practitioners of healing arts who are not recognized by law as qualified physicians.

f. **Compensation.** The money allowance payable to an employee by the Office of Worker's Compensation Program (OWCP) after receipt of the required forms and medical reports.

g. **Continuation of Pay (COP).** That period of time after an employee stops work as the result of a work-related traumatic injury during which regular pay continues for up to but not more than 45 calendar days. Such period of time must be within 90 days of the injury or initial return to duty.

h. **Light Duty.** Light duty is duty provided to an employee who has physical limitations that have been identified by a qualified, treating physician resulting from an on-the-job injury. Light duty is identified to accommodate the medically certified limitation(s) and will not exceed such limitations.

i. **United States Medical Officers and Hospitals** - includes medical officers and hospitals of the Army, Navy, Air Force, Veterans' Administration and United States Public Health Service and any other medical officer or hospital designated by the Secretary of Labor.

j. **Controversion.** The formal administrative procedure through which the installation objects to paying a claim for COP either for reasons provided by regulation or for some other reason.

k. **Third Party Claim.** 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. Such actions may include claims against individuals or product manufacturers.

6. **COVERAGE.**

a. **Employees Covered.** The FECA provides compensation and medical care for all civilian employees of the United States (including instrumentalities of the United States wholly owned by the United States) for disability due to personal injury sustained while in the performance of duty. This includes temporary as well as permanent employees, both full and part-time and those employees separated after an employment related injury, if they qualify according to the act.

b. **Temporary Duty (TDY).** Normally, an employee performing TDY is covered for 24 hours under FECA, unless the disabling injury is due to willful misconduct or intoxication.

c. **Jury Duty.** Employees are covered while serving as Federal, petit, or grand jurors.

d. **Dual Benefits.** An employee may receive compensation concurrently with military retired pay, retainer pay, or equivalent pay for services in the Armed Forces or other uniformed services, subject to the reduction of such pay according to 5 USC 5532(b). As a general rule, a person may not concurrently receive compensation from OWCP and a retirement or survivor annuity from the Civil Service Commission. The beneficiary may elect to receive the more advantageous benefits.
e. **Injuries and Diseases Not Covered.** In order to be compensable, an injury or disease must be proximately caused by the employment and not result from employee's misconduct or intoxication. Negligence on the employee's part, if not because of misconduct or intent to inflict injury or death to himself and others, or negligence of fellow employees, does not defeat their eligibility for benefits. Illness due to natural causes such as heart attacks, strokes, etc., and injuries sustained while not performing official duties are not compensable. Employees are not covered by compensation for injuries sustained traveling to and from their place of employment (before they reach or after they have left Government premises.)

7. **OBTAINING TREATMENT.**

a. An injured employee is entitled to first aid and medical care for an injury; this includes hospital care when needed. The medical care is provided by any duly qualified private physician or hospital of the employee's choice, following referral to Darnall Army Community Hospital (DACH) for initial evaluation. If initial treatment is administered by DACH, the employee can then select a physician of their choice; however, if more than one visit to DACH is made that is considered to be the employee's initial choice. Should an employee wish to change physicians after initial choice, the OWCP must be contacted for approval; unless the physician who was initially chosen refers the employee to another physician.

b. An employee injured on-the-job should not attempt to secure treatment for such injury under any health benefit plan. To file a claim or permit filing same by attending physician or hospital without reporting the claim resulted from an employment related injury is to file a false claim for which one may be prosecuted. The injured employee when treated by a private physician for injury should inform the private physician that they were injured while at work; this provides the necessary information for the physician to forward medical bills directly to the appropriate office of Worker’s Compensation Program to be placed in line for payment.

8. **BENEFITS.**

a. **Vocational Rehabilitation.** Job counseling, placement assistance and vocational rehabilitation may be provided an injured employee who is unable to return to usual employment because of permanent disability due to the injury. Additional compensation not to exceed $200 per month may be paid if it is considered necessary for maintenance when the employee is pursuing an approved training course. Also, an employee is paid at the rate for total disability while pursuing an OWCP approved training course.

b. **Loss of Wage-Earning Capacity.** An injured employee may receive compensation computed on loss of wage-earning capacity when unable to return to usual employment because of partial disability as a result of the injury and accepts a position at a lower rate of pay. The compensation equals 66 2/3 percent of the employee's pay loss, with no dependents and 75 percent with a dependent. Compensation is paid as long as there is a loss of wage-earning capacity.

c. **Scheduled Awards.** Compensation is provided for specified periods of time for the permanent loss of use of certain organs (excluding head, back and heart), and functions of the body. Compensation for proportionate periods of time is payable for partial loss, or loss of use of each member, organ, or function. Examples: Hearing loss; fractures that do not heal properly, which result in a certain percentage of remaining impairment; loss or partial loss of eyesight in one or both eyes, etc. Compensation, not to exceed $3,500 may be paid for serious disfigurement of the face, head, or neck, if of a character likely to handicap a person in securing or maintaining employment. Compensation for loss of wage-earning capacity may be paid after the schedule expires.

d. **Buy-Back of Leave.** An employee who is disabled due to a job-related injury, may elect to take sick or annual leave, or both, to avoid possible interruption of income. If the employee makes a written election to use leave and the claim for compensation is subsequently approved by OWCP, the employee may arrange with the Civilian Personnel Office (CPO), Fort Hood, Texas 76544, to buy back the leave used and have it reinstated to their leave account. The compensation to which they are entitled would pay a part of the buyback cost and the employee would be required to pay the balance. The buy-back of leave cannot be prorated over several pay periods. The amount the employee is required to pay depends on several factors such as the length of disability period and the amount of Federal income tax which is withheld from pay.
e. **Attendant’s Allowance.** If an injury is so severe as to render the employee unable to care for physical needs such as feeding, bathing, or dressing, an attendant’s allowance of up to $500 per month may be granted. This allowance is supplemental and is paid in addition to compensation for loss wages.

f. **Third Party Recovery.** When the circumstances of the employment injury creates a legal liability upon a third party other than an employee of Fort Hood, the Government has a subrogation interest (the right to recovery of any payments made to the injured employee or payments made on his behalf). Any monies collected by the employee from any source other than FECA must be returned to OWCP in accordance with guidelines provided by the Solicitor of Labor.

g. **Death/Burial.**

   (1) A sum, not to exceed $800 may be paid for funeral and burial expenses for an employment related fatality. When an employee’s home is within the United States, an additional sum may be paid for transporting the remains to their home if the employee dies away from the home of record, official duty station, or outside of the United States. An additional sum of $200 may be paid to the personal representative of the descendant for reimbursement of the costs of termination of the descendant’s status as an employee of the United States.

   (2) Compensation for death is computed on a minimum pay equal to the first step of Grade 2, General Schedule (GS). The total compensation may not exceed the employee’s pay or 75 percent of the monthly pay of the highest step of a GS 15, except that compensation is allowed to exceed the employee’s monthly pay if such excess is created by authorized cost of living increases.

   (3) When there are no children entitled to compensation, the employee’s widow or widower may receive compensation equal to 50 percent of the employee’s pay until death or remarriage. Upon remarriage, a widow or widower is paid a lump sum equal to 24 times the monthly compensation being paid on their own behalf, except that if such remarriage occurs on or after age 60, the lump sum payment is not made and compensation continues until the beneficiary’s death.

   (4) When there is a child/children entitled to compensation, the compensation for the widow/widower is equal to 45 percent of the employee’s pay plus 15 percent for each child but no more than 75 percent of the employee’s pay, regardless of number of children. A child is entitled to compensation until they die, marry, or reach 18 years of age, or, if over 18 and incapable of self-support, become capable of self-support. If an unmarried child is a student when reaching 18 years of age, compensation may not be continued beyond the end of the semester of enrollment period after the child reaches 23 years of age or has completed 4 years of school beyond the high school level.

h. **Continuation of Pay - Traumatic Injury**

   (1) An employee who sustains a disabling, job-related traumatic injury is entitled to continuation of regular pay for a period not to exceed 45 calendar days (not chargeable to sick or annual leave). When the employee has stopped work due to the disabling effects of the injury, the period starts at the beginning of the first full day or first full shift on which the disability begins after the date of injury. The agency keeps the employee in a pay status for any fraction of a day or shift on which the injury occurred with no "charge" to the 45 calendar day period. Any disability must have supporting medical evidence.

   (2) If the employee stops work for only a portion of a day or shift (other than the day or shift when injury occurred), such day or shift is considered as one calendar day, even though the employee is not entitled to COP for the entire day or shift when annotating the time card. If the employee is not immediately disabled due to the injury, the 45 calendar days start on the first full day or the first full shift after disability begins. Continuation of pay can be on an intermittent basis, but cannot exceed 45 calendar days. An employee is not eligible for continuation of pay if the disability occurs 90 days or more after the injury.
(3) If an employee returns to light duty by a formal personnel action and pay loss results, COP should be charged for each day of light duty, even though the employee is working a full shift.

(4) Since regular pay is not compensation, it is subject to income tax, retirement, and other deductions. Employees who are disabled due to a traumatic injury, receive their normal pay each 2 weeks. Continuation of pay is not paid from the compensation fund, but rather from local funding.

(5) Any period of disability for a job-related traumatic injury must have supporting medical evidence prior to granting continuation of pay. Additional medical reports during the 45 calendar day period are furnished to the CPO, Technical Support Branch, Fort Hood, Texas 76544, by the employee or supervisor, as often as necessary to maintain current knowledge of the employee’s physical condition.

(6) An employee 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.

(7) The employing agency will, on the basis of information submitted by the employee or secured on investigation, controvert continuation of pay if the claim for continuation of pay falls into one or more of the categories listed in (a) through (h) below. In all other cases, the agency may controvert the claim, however, the employee’s regular pay is not interrupted during the 45 calendar day period unless the controversion is sustained by OWCP.

(a) Disability is the result of an occupational disease or illness.

(b) Volunteers, contract workers, etc.

(c) Employee is neither a citizen nor resident of the United States or Canada.

(d) Injury occurred off the employing agency’s premises and employee was not involved in official “off premises” duties.

(e) Injury was caused by the employee’s willful misconduct; employee intended to bring about injury or death of himself or another person; employee’s intoxication was the proximate cause of injury.

(f) The injury was not reported on a form approved by OWCP within 30 days following the injury.

(g) Work stoppage first occurred more than 90 days following the injury.

(h) The employee initially reported the injury after employment was terminated.

(8) The agency may controvert a claim for continuation of pay by completing the indicated portion of Form CA 1 (Federal Employee’s Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation), and submitting detailed information in support of the controversion.

(9) When pay is continued after employee stops work due to a disabling injury, it must not be interrupted until:

(a) The agency received medical information from the employee’s attending physician to the effect that the employee is no longer disabled.

(b) Agency receives notification from OWCP that pay should be terminated.

(c) At the expiration of 45 calendar days.

(d) Expiration of 10 work days and the employee has not furnished medical evidence of disability resulting from injury.
COMPENSATION COMPUTATION.

a. Compensation is generally paid by OWCP at the rate of 66 2/3 percent of the employee’s weekly base salary at the time of the inquiry plus night differential or hazard pay if there are no dependents and 75 percent of the base salary plus night differential or hazard pay, if there is one or more dependents. Only administratively uncontrolled overtime (such as that of firefighters) is included. Normal overtime is excluded.

b. Compensation and Leave.

(1) An employee who sustains a disabling injury while in the performance of duty and after continuation of pay has expired, may elect either sick or annual leave allowable or to submit a Form CA-7 for disability resulting from such injury. No compensation is payable during the first 3 days of disability without pay or during the first 3 days after expiration of sick or annual leave which an employee may elect to use prior to accepting disability compensation, unless the disability exceeds 14 days or is followed by permanent disability. Should an employee make claim for compensation for a period of disability and be placed on leave without pay pending approval by OWCP, such period of leave without pay may be retroactively covered by any accumulated annual and/or allowable sick leave if the claim is disallowed by OWCP.

(2) When it becomes apparent that an injured employee will be disabled for an extended period of time as a direct result of an injury and there is supporting medical evidence, the supervisors or operating officials should immediately obtain a statement from the employee as to their desires to be placed on allowable annual or sick leave or if they intend to submit a Form CA-7. The supervisor should then contact CPO, Technical Services Branch, for further instructions to enable the employee to select the most advantageous method. The amount of leave to an employee’s credit and the probable length of disability are the two most important factors to consider in determining whether leave should be used or claim should be made for compensation. In order to assist employees in making a decision, they should be advised that leave with pay (sick/annual or both) may be used immediately. However, for period of disability which does not exceed 14 days, compensation benefits are payable only after the expiration of a 3-day waiting period in a non-pay status. Sick and annual leave are payable at full basic salary rates. Election of compensation benefits immediately, particularly in cases of temporary disability, results in preservation of leave for future use after recovery and return to duty.

(3) An employee may elect sick or annual leave, or both, to avoid possible interruption of income. If the employee makes this election and the claim for compensation is subsequently approved by OWCP, they may, after returning to duty, arrange with CPO, Technical Services Branch, to buy back the leave used and have it reinstated to their account. The compensation to which they are entitled (2/3, 3/4 of base pay) would pay a portion of the buy-back cost and the injured employee is responsible for paying the balance. Technical Services Branch can assist the injured employee in determining how much the buy-back cost would be. If an employee used leave and decides to buy it back, they may file a Form CA-7 while still in leave status. In the interim, OWCP considers and resolves any points at issue; however, no compensation benefits are paid while the employee is still in leave status. Arrangements to buy back leave must be made in the form of an election of compensation in lieu of sick or annual leave and forwarded to the Technical Services Office prior to submission of Form CA-7.

(4) Employees should not be granted sick leave for minor injuries unless the attending physician indicates on Form CA-16 (Request For Examination and/or Treatment) that the injury is disabling and the employee is unable to perform assigned duties.

c. Retention Rights

(1) After a disabling injury, and in the event employee resumes employment with the Federal Government, the entire time during which the employee was receiving compensation shall be credited to the employee for the purposes of within-grade step increases, retention purposes and other rights and benefits based upon length of service.
(2) The last employer shall immediately and unconditionally accord the employee, if the injury or
disability has been overcome within 1 year, the right to resume their former or an equivalent position, as well
as all other attendant rights which the employee would have made, or acquired, in the former position had
they not been injured or disabled. This includes the right to tenure, promotion, and safeguards in reductions-
in-force procedures.

(3) If the injury or disability is overcome within a period of more than 1 year after the date of
commencement of compensation, the last employer shall make all reasonable efforts to place, and accord
priority to placing the employee in their former or equivalent position.

10. **REPRESENTATION.** A claimant may be represented by a Federal union official or other individual
 on any matter pertaining to an injury or death occurring in performance of duty. Such representation should
 be authorized in writing by the claimant. No claim for legal services or for other services rendered in respect
to case, claim, or award of compensation shall be valid unless approved by the OWCP.

11. **HEARINGS.** A claimant who is not satisfied with an OWCP decision may ask for a hearing before an
 OWCP representative. The request for a hearing must be made to the Director of the OWCP within 30 days
 after the decision. At the hearing, which is held at a location convenient to both the claimant and OWCP, the
 claimant may present evidence in further support of the claim. After the hearing, OWCP issues a new
decision.

12. **RECONSIDERATION.** A claimant may ask OWCP to reconsider any determination made by one of
 its offices. No special form is required to request this reconsideration, but the request must be addressed to the
 Director of OWCP in writing and must state clearly the grounds upon which it is based. It must also be
 accompanied by evidence not previously submitted, such as new medical reports or new statements and
 affidavits. A reconsideration must be requested within 1 year of the date the contested formal decision was
 issued.

13. **APPEALS.** A claimant may ask the Employees’ Compensation Appeals Board to review final
decisions by OWCP. To file an appeal, the claimant should write to the Employees’ Compensation Appeals
Board, United States Department of Labor, Washington, D.C. 20210. The Board’s jurisdiction extends to
questions of law and fact; it may also consider exercises of discretion to determine their reasonableness. Its
review is based solely upon the case record in OWCP at the time final determination was made; new evidence
is neither received nor considered by the Board. Applications for review by the Board are to be filed within 90
days of the date of final determination by OWCP. For good causes shown, the Board may excuse failure to
timely file an application for review, if it is filed within 1 year of the date of the final OWCP determination.

14. **REFERENCES.** FPM Chapter 8 10 (Injury Compensation)
# APPENDIX A

## BASIC FORMS - FEDERAL EMPLOYEES' COMPENSATION ACT

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<th>FORM NO.</th>
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<tr>
<td>CA-1</td>
<td>Federal Employees' Notice of Traumatic Injury and Claim for Continuation of pay</td>
<td>Notifies supervisor of injury and employees election of COP and/or sick or annual leave due to a job-related disability.</td>
<td>Employee or someone on their behalf. Employee will obtain supporting medical evidence for any period of disability.</td>
<td>In 2 work days after injury.</td>
<td>Supervisor</td>
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<td></td>
<td>Furnishes supervisor's report to OWCP when injury results in (1) medical charge against the Compensation Fund (2) employee loses time following injury date - whether time off from work is charged to the leave record or employee elects COP (3) prolonged treatment is indicated - even if treatment is received on off-duty hours (4) disability for work may subsequently occur (5) permanent disability appears likely (6) serious disfigurement of the face, head or neck is likely to result.</td>
<td>Supervisor will obtain statements from witnesses If claim for COP is controverted, supervisor will (1) furnish written statement in detail and (2) advise employee of same. Supervisor will complete Receipt of Notice of Injury and give it to employee. Supervisor will insure that disability period is the same as shown on Time and Attendance Report.</td>
<td>In 2 work days following receipt of form from employee.</td>
<td>CPO, Tech Services</td>
</tr>
<tr>
<td>CA-2</td>
<td>Federal Employees' Notice of Occupational Disease and Claim for Compensation with instructions.</td>
<td>Notifies supervisor of occupational disease.</td>
<td>Employee or someone on their behalf. Employee will furnish supporting medical evidence and factual information as requested on attached Instruction Sheet</td>
<td>In 30 calendar days.</td>
<td>Supervisor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Furnishes supervisor's report to OWCP</td>
<td>Supervisor will obtain statements from witnesses and complete Receipt of Notice of Injury and give to employee. Supervisor will not issue Form CA-16</td>
<td>Immediately following receipt of form from employee.</td>
<td>CPO, Tech Services</td>
</tr>
</tbody>
</table>
### BASIC FORMS - FEDERAL EMPLOYEES’ COMPENSATION ACT (Continued)

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<tr>
<td><strong>CA-2A</strong> Notice of Employees’ Recurrence of Disability and Claim for Pay/Compensation</td>
<td>Notifies OWCP that an employee after returning to work is again disabled and stops work due to a prior injury or occupational disease previously reported. It also serves as a claim for COP for compensation based on the recurrence of a previously reported disability.</td>
<td>Supervisor will insure that Time &amp; Attendance Report reads the same as disability period</td>
<td>Immediately on receiving notice that employee has stopped work as the result of recurrence.</td>
<td>CPO, Tech Services</td>
</tr>
<tr>
<td><strong>CA-3</strong> Report of Termination of Disability and/or Payment</td>
<td>Notifies OWCP that (1) disability from injury has terminated and/or (2) employee has returned to work.</td>
<td>Supervisor will (1) insure that Time &amp; Attendance Report reads the same as disability period (2) obtain release for attending physician prior to employee returning to duty.</td>
<td>Immediately after disability of COP terminates, or employee returns to duty.</td>
<td>CPO, Tech Services</td>
</tr>
<tr>
<td><strong>CA-5</strong> Claims for Compensation by Widow, Widower, and/or Children</td>
<td>Claims compensation on behalf of these dependents when injury results in death.</td>
<td>Person claiming compensation (or guardian on behalf of children) and attending physician (with Death Certificate).</td>
<td>Within 30 days if possible but not later than 3 years after death. If the death resulted from an injury for which a disability claim was filed in a timely manner, the time requirements for filing death claim have been met.</td>
<td>CPO, Tech Services</td>
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<th>RESPONSIBILITY</th>
<th>WHEN SUBMITTED</th>
<th>TO WHOM</th>
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<tr>
<td>CA-5b</td>
<td>Claim for Compensation by Parents, Brothers,</td>
<td>Claims compensation for these dependents when injury results in death.</td>
<td>Same as CA-5,</td>
<td>Same as CA-5,</td>
<td>CPO, Tech Services.</td>
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<td>Sisters, Grandparents, or Grandchildren.</td>
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<td>above.</td>
<td>above</td>
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<td>CA-6</td>
<td>Official Superior’s Report of Employee’s Death</td>
<td>Notifies OWCP of the employment-related death of an employee.</td>
<td>Supervisor.</td>
<td>Immediately upon knowledge by Supervisor of the employment related death of an employee (use the most expeditious means).</td>
<td>CPO, Tech Services</td>
</tr>
<tr>
<td>CA-7</td>
<td>Claim for Compensation on Account of Traumatic</td>
<td>Claims for Compensation based on a traumatic injury if (1) medical</td>
<td>Employees or someone acting on their behalf.</td>
<td>In cases of traumatic injury, form must be completed and forwarded to OWCP not more than 5 work days before termination of the 45 calendar days.</td>
<td>Supervisor</td>
</tr>
<tr>
<td></td>
<td>Injury.</td>
<td>evidence shows disability is expected to continue beyond 45 days (2) the traumatic injury resulted in a permanent disability involving the total or partial loss, or loss of use of an extremity of the body (or hearing/ vision) or certain other external or internal organs of the body (excluding head, heart and back) (3) serious disfigurement of the face, head or neck (4) loss of wage-earning capacity. Also serves as claim for augmented compensation based on a dependent.</td>
<td>Attending physician (on attached Form CA-20). It is the employee’s responsibility to obtain this report. Compensation will not be paid by OWCP without supporting medical evidence.</td>
<td>Supervisor will insure that Time &amp; Attendance Report reads the same as disability period.</td>
<td>CPO, Tech Services</td>
</tr>
<tr>
<td>CA-8</td>
<td>Claim for Continuing Compensation on Account of</td>
<td>Claims for compensation when loss of pay continues beyond the claim on CA-7.</td>
<td>Same as Form CA-7, above, except attending physician’s report is attached as Form CA-20a.</td>
<td>Each 2 weeks after filing CA-7.</td>
<td>Supervisor</td>
</tr>
<tr>
<td></td>
<td>Disability</td>
<td></td>
<td></td>
<td></td>
<td>CPO, Tech Services.</td>
</tr>
<tr>
<td>FORM NO. &amp; TITLE</td>
<td>PURPOSE</td>
<td>RESPONSIBILITY</td>
<td>WHEN SUBMITTED</td>
<td>TO WHOM</td>
<td></td>
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<tr>
<td>CA-16 Request for Examination and/or Treatment</td>
<td>Authorizes an injured employee to obtain examination from any duly qualified local physician (or surgeon, osteopath, podiatrist, dentist, clinical psychologist, optometrist, or with certain limitations, chiropractors) or hospital. It may not be used for illness, disease, or recurrence unless prior approval is obtained from OWCP. Provides OWCP with initial medical report. Also provides physician or medical facility with billing form. The injured employee has only the initial option to select a physician or hospital of their choice. The physician or medical facility should be contacted by telephone to determine if employee can be treated. If not, employee must make another selection. In the event they desire to change physicians after the initial selection, approval must be obtained from OWCP, unless the case is referred to another physician or in extreme emergency cases. Injured employees cannot issue the form on their own behalf.</td>
<td>PART A - Authorization (Supervisor). If there is doubt that the employee's condition was caused by an injury sustained in the performance of duty, the supervisor will check Item 6B. Enter Social Security Number in Item 2, under the employee’s name.</td>
<td>Immediately by supervisor and then hand-carried by employee to attending physician. In extreme emergency situations, the form will be forwarded within 48 hours following first examination and/or treatment. (Only one CA-16 is to be issued for each injury.)</td>
<td>Physician or medical facility.</td>
<td></td>
</tr>
<tr>
<td>CA-17 Duty Status Report</td>
<td>In traumatic injury cases, provides supervisor and OWCP with brief interim medical statement containing information as to employee's ability to return to any type of work. It also may serve as a release for employee to return to duty.</td>
<td>Supervisor will complete front of form showing physical requirements of position.</td>
<td>Supervisor should send the form to attending physician at least twice during the 45 calendar day period of COP.</td>
<td>Physician or medical facility.</td>
<td></td>
</tr>
<tr>
<td>FORM NO.</td>
<td>&amp; TITLE</td>
<td>PURPOSE</td>
<td>RESPONSIBILITY</td>
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</tr>
<tr>
<td>CA-20</td>
<td>Attending Physician's Report</td>
<td>Provides (1) medical support of claim and is an attachment to CA-7;</td>
<td>Attending physician.</td>
<td>Promptly upon completion of examination or most recent treatment.</td>
<td>Physician or medical facility.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(2) OWCP with medical information (when used in lieu CA-16 for treatment at medical treatment facility).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CA-20a</td>
<td>Attending Physician's Supplemental</td>
<td>Provides OWCP with additional medical information in connection with</td>
<td>Attending physician.</td>
<td>Promptly upon completion of examination or most recent treatment.</td>
<td>CPO, Tech Services</td>
</tr>
<tr>
<td></td>
<td>Report</td>
<td>supplemental claim filed on attached Form CA-8.</td>
<td></td>
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</tr>
<tr>
<td>HCFA-1500</td>
<td>Health Insurance Claim Form</td>
<td>For payment of medical bills.</td>
<td>Supervisor</td>
<td>With CA-16</td>
<td>Physician or medical facility.</td>
</tr>
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</tr>
<tr>
<td>DD Form</td>
<td>Claim for Personal Property Against</td>
<td>To claim loss of, or damage to personal property due to job-related</td>
<td>Part 1 - Claimant and a witness.</td>
<td>As soon as practicable.</td>
<td>Staff Judge Advocate</td>
</tr>
<tr>
<td>1842</td>
<td>the United States</td>
<td>injuries not covered by the Compensation Act.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Examples of Continuation of Pay and Compensation

<table>
<thead>
<tr>
<th>Example</th>
<th>Description</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>CA-1 Continuation of Pay up to 45 Cal Days of Dis</td>
<td>CA-3 ETD</td>
</tr>
<tr>
<td>(2)</td>
<td>CA-1 CA-16 Continuation of Pay 25 Cal Days of Dis</td>
<td>CA-3 ETD</td>
</tr>
<tr>
<td></td>
<td>CA-2a ERECVR (less than 90 Days after ETD)</td>
<td>CA-3 ETD</td>
</tr>
<tr>
<td>(3)</td>
<td>CA-1 CA-16 Continuation of Pay 25 Cal Days of Dis</td>
<td>CA-3 ETD</td>
</tr>
<tr>
<td></td>
<td>CA-2a ERECVR (More than 90 Days after ETD)</td>
<td>CA-3 ETD</td>
</tr>
<tr>
<td></td>
<td>CA-7 Compensation &quot;Temp Total Dis&quot;</td>
<td>CA-3 ETD</td>
</tr>
<tr>
<td></td>
<td>CA-20 30 Cal Days of Dis</td>
<td>CA-3 ETD</td>
</tr>
<tr>
<td>(4)</td>
<td>CA-1 CA-16 Continuation of Pay 45 Cal Days of Dis</td>
<td>CA-3 ETD</td>
</tr>
<tr>
<td></td>
<td>3-Day Waiting Period</td>
<td>CA-3 ETD</td>
</tr>
<tr>
<td>(5)</td>
<td>CA-1 CA-16 Continuation of Pay 45 Cal Days of Dis</td>
<td>CA-3 ETD</td>
</tr>
<tr>
<td></td>
<td>CA-7 CA-20 CA-8 CA-20a Compensation &quot;Temp Total Dis&quot;</td>
<td>CA-3 ETD</td>
</tr>
<tr>
<td></td>
<td>No waiting period, prolonged disability of 15 days or longer</td>
<td>CA-3 ETD</td>
</tr>
</tbody>
</table>

#### Forms

- **CA-1**: Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation
- **CA-2**: Federal Employee's Notice of Occurrence Disease and Claim for Compensation
- **CA-2a**: Notice of Recurrence of Disability
- **CA-3**: Report of Termination of Disability and/or Payment
- **CA-5**: Claim for Compensation by Widow, Widower, and/or Children
- **CA-6**: Official Supervisor's Report of Employee's Death
- **CA-7 & 20**: Claim for Compensation on Account of Traumatic Injury and Attending Physician's Report
- **CA-8 & 20a**: Claim for Continuing Compensation on Account of Disability & Attending Physician's Report
- **CA-16**: Request for Examination and/or Treatment
- **CA-17**: Duty Status Report

(White Rev Mar 86)  
(White Rev Mar 86)  
(White Rev Feb 84)  
(Buff Rev Dec 74)  
(White Rev Nov 74)  
(White Rev Jul 76)  
(Pink Rev Aug 87)  
(Melon Rev Aug 87)  
(White Rev Oct 86)  
(Green Rev Apr 87)
FOR THE COMMANDER:

PAUL T. WEYRAUCH
Brigadier General, GS
Chief of Staff

OSCAR N. WHITE, JR
LTC, SC
DOIM

2 Appendices
A. Basic Forms - Federal Employees’ Compensation Act
B. Examples of Continuation of Pay and Compensation

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