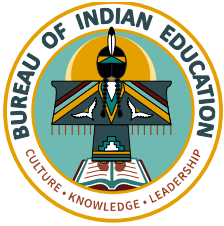


# **The Office of Workers' Compensation Program (OWCP) Supervisor Review Training**

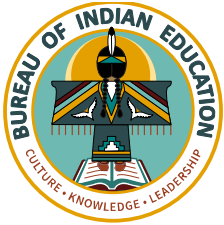
*Workers' Compensation and  
The Employees' Compensation Operations  
and Management Portal  
(ECOMP)*

*Bureau of Indian Education  
March 2022*



# Training Goals

- 🎯 Initial Claim forms (CA-1, CA-1 COVID-19, and CA-2)
- 🎯 Authorization for Examination and/or Treatment (CA-16)
- 🎯 Continuation of Pay (COP)
- 🎯 SMIS Incident Report
- 🎯 ECOMP Overview
- 🎯 ECOMP User Roles
- 🎯 ECOMP Employee Registering in ECOMP
- 🎯 ECOMP Employee Filing a Claim
- 🎯 ECOMP Supervisors Review
- 🎯 Disclosure of Information



# Types of Claims

## CA-1

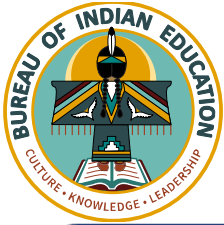
- Injury occurs within 1 workday/shift
- COVID-19 Vaccination Adverse Reaction

## CA-1 COVID-19

- Date of Injury – the last date that the employee was exposed at work, prior to the positive test result or onset of symptoms
- Must have qualifying test result

## CA-2

- Occupational injuries/illnesses that occur over the course of more than one workday/shift



# Traumatic Injury (CA-1)



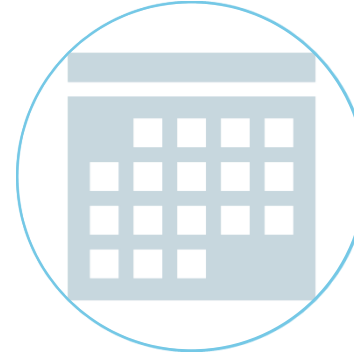
Traumatic injuries occur within one working day or shift.



Identifiable as to a time and place of occurrence.



May be entitled to CA-16.

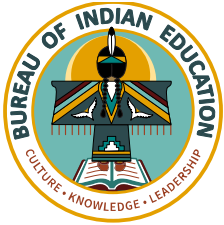


Eligible for COP if the claim is filed within 30 days of injury.



OWCP must receive the claim within 14 calendar days (10 workdays) from the date the employee submits the claim in ECOMP in order for the agency to meet regulatory timeliness requirements.





# Traumatic Injury (COVID Claims) (CA-1 COVID-19)



Use the CA-1 COVID-19 for COVID-19 claims. The FECA program considers COVID-19 to be a traumatic injury since it is contracted during single workday or shift and considers the date of last exposure to the medical evidence establishing the COVID-19 diagnosis as the Date of Injury since the precise time of transmission may not always be known due to the virus.



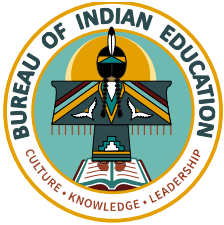
May be entitled to CA-16. If the claim was submitted within 1 week of the Date of Injury, or the date the employee had symptoms of COVID-19 or received a positive test result.



Eligible for COP if the claim is filed within 30 days of injury.



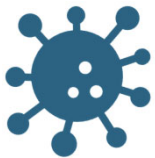
OWCP must receive the claim within 14 calendar days (10 workdays) from the date the employee submits the claim in ECOMP in order for the agency to meet regulatory timeliness requirements.



# Information on COVID-19 Claims



The employee will be asked to submit the laboratory test results that confirm the diagnosis of COVID-19.



Reinfection claims: a claim for COVID-19 will be considered a new injury when the employee tests positive for COVID-19 ninety days or more from the date of the employee's previous positive COVID-19 test.



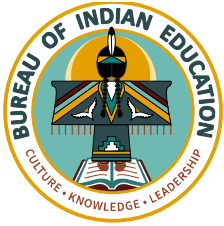
Self-administered COVID-19 tests: these are insufficient to establish a diagnosis of COVID-19 under the FECA, with only one exception. \*



Administratively closed claims: clarifying that a formal decision denying COP may be issued even if the case remains in an administrative closure status.

\* Self-administered COVID-19 tests (home tests/OTC/at home tests) are insufficient.  
Exceptions:

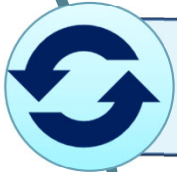
Administration of self test is monitored by a medical professional and results are verified through documentation submitted by such professional.



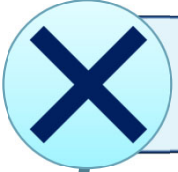
# Occupational Disease (CA-2)



Occupational diseases or illnesses develop over the course of more than one workday/shift. (Examples of occupational diseases/illnesses are hearing loss, carpal tunnel, and lateral epicondylitis (Tennis Elbow).



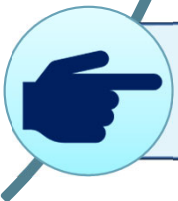
Caused by continued or repeated exposure to work environments or elements or repetitive work activities/movements.



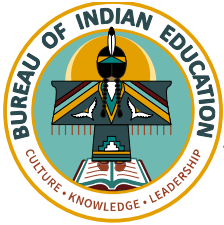
**Not** entitled to CA-16.



**Not** entitled to COP.



Must use leave and private insurance until DOL approves claim.

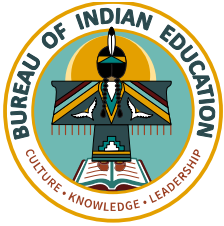


## Authorization for Examination and/or Treatment (CA-16)

- ☐ The CA-16 form may guarantee payment for medical treatment for a period of 60 days from the date of injury. It is to be used for traumatic injuries only and not for occupational disease/illness claims. Employees are entitled to an initial selection of treating physician.
- ☐ Only one CA-16 can be issued per injury.
- ☐ The CA-16 should be issued within 4 hours of the time of injury (if possible). Cannot issue retroactively, only in emergency situations you can send the form within 48 hours.
- ☐ **COVID-19 – The employing agency is prompted to provide a CA-16 if they do not substantively dispute the employee’s description of Cause and Nature of the Injury, and if the claim was submitted within 1 week of the Date of Injury, or the date the employee had symptoms of COVID-19 or received a positive test result. Issuing the CA-16 will allow the employee to obtain the necessary test to confirm COVID-19 and receive medical treatment, if indicated.**
- ☐ **Never** give an employee a blank CA-16. It is like handing someone a blank check.
- ☐ Contact the Workers’ Compensation Coordinator and provide the following information:
  - ☐ Information regarding the injury (i.e. what happened, what body part effected)
  - ☐ Facility information on where employee is choosing to receive care
  - ☐ Notify of any doubts regarding the validity of the claim

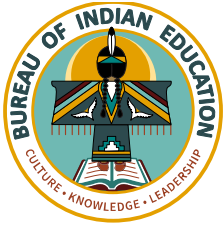






# Continuation of Pay (COP) Eligibility

- ❏ COP is the continuation of an employee's regular pay for a period not to exceed 45 calendar days of wage loss due to disability and/or medical treatment.
- ❏ COP is counted in calendar days. This includes weekends and holidays if the disability is continuous.
- ❏ Up to 4 hours of COP is allowed for routine medical examinations.
- ❏ If the claim is denied by OWCP, the injured employee must amend their timesheet from COP to personal leave or LWOP.
- ❏ To be eligible for COP the employee must:
  - ❏ File a Traumatic Injury claim. Occupational Illness claims are **not** entitled to COP.
  - ❏ The claim must be filed within 30 days from the date of injury.
  - ❏ Lost time must begin within 45 days from the date of injury (in most cases must be used within 45 days from 1<sup>st</sup> use).



# Bureau of Indian Education(BIE) Process SMIS – Report Incident

BIE's process for filing a work injury claim incorporates starting with SMIS to report the incident. Incident report is filed at: [www.smis.doi.gov](http://www.smis.doi.gov)

**The Employee involved in the Incident should always initiate the Incident report process by signing into SMIS and selecting "Report Incident". SMIS will direct the employee to ECOMP if they indicate they want to file a Workers' Compensation claim.**

**The Supervisor will then be notified by email of the Incident and will sign into SMIS and select the "Supervisor" from "Available Modules".**

**The supervisor may be required to complete detailed information about the reported Incident. If an employee does not have a government issued email address, they should notify the supervisor to act on their behalf to create an Incident report in the "Supervisor Module". The supervisor should direct the employee to ECOMP, if the employee indicates they want to file a Work Injury claim.**

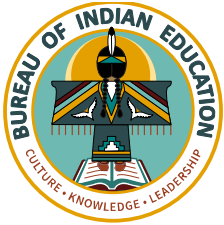
**If there are any questions, you can refer to the Guide: Claim Process at [https://www.smis.doi.gov/SMIS\\_Help/owcp\\_guide](https://www.smis.doi.gov/SMIS_Help/owcp_guide).**

**Report Issues:**

SMIS Help Desk Email: [smishelp@ios.doi.gov](mailto:smishelp@ios.doi.gov)

Donald Dryer, BIE Safety Manager Supervisor: [Donald.dryer@bie.edu](mailto:Donald.dryer@bie.edu)





# ECOMP Overview



ECOMP was developed by Office of Workers Compensation Program (OWCP) to help improve the speed of communications between all Federal Employee's Compensation Act (FECA) Stakeholders. Also, to help agencies manage their Workers' Compensation (WC) and comply with the new regulations.



ECOMP is a web-based application through which federal employees and their employers may electronically file CA-1, CA-1 COVID-19, CA-2, CA-3, CA-7, CA-7a and CA-6 forms.



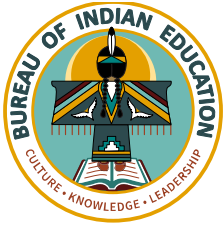
Individual case files are protected under the Privacy Act:

Only the employee, their representative (if any), and the Workers' Compensation Specialist (WCS) routinely have access to the file.

HIPAA doesn't apply to OWCP or employing agencies.



A claimant cannot be directed to file or waive her/his right to file a claim under the FECA. All Workers' Compensation claim decisions are made by DOL/OWCP.



# User Roles in ECOMP

**Employee** - self registers in ECOMP and maintain their own account – including password resets.

**Supervisor** - The immediate supervisor reviewing the claim filed by the Injured Employee. Can only access the claim to review from the link in the email from [noreply@ecomp.dol.gov](mailto:noreply@ecomp.dol.gov).



CA-1/CA-1 COVID-19/CA-2 – should be completed by supervisor within 3-5 calendar days.

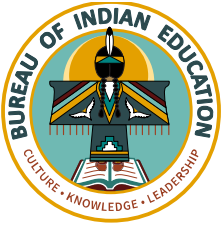
CA-7 – should be completed by supervisor within 2-3 calendar days.

**Agency Reviewer (AR)** - is responsible for reviewing and submitting claims to OWCP timely.



CA-1/CA-1 COVID-19/CA-2 – should be completed by AR within 14 calendar days.

CA-7 – should be completed by AR within 7 calendar days.

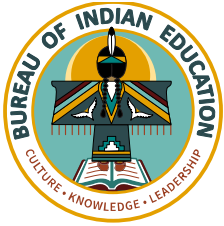


# ECOMP Filing Process

- Federal employee may file CA-1, CA-1 COVID-19, CA-2 or CA-7 to claim FECA benefits.



- Form routed to supervisor
  - Form routed to Agency Reviewer
  - Form submitted to OWCP
- Supervisor or AR may obtain the CA-16 form in ECOMP. Please note the completed CA-16 must be uploaded to OWCP.
  - AR may initiate forms on behalf of employees.
    - Only if employee is incapacitated.
  - AR will initiate Official Supervisor's Report of Employee Death (CA-6).



# Employee Registration: Info



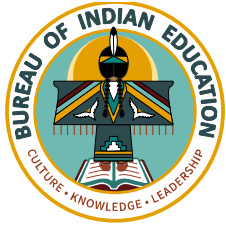
ECOMP home page:  
<https://www.ecomp.dol.gov>



First-Time claimants need to register



Returning claimants use credentials received when they registered



# Employee Registration: Login to ECOMP



UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

[HOME](#)[FORMS](#)[DOCUMENTS](#)[HELP](#)

## Welcome to ECOMP

The Employees' Compensation Operations & Management Portal

### Have you been hurt on the job?

If you are a Federal Employee or a Contractor and have sustained a work-related injury or illness, use ECOMP to report the incident to your supervisor.

If you are a Federal Employee you may also file a claim for benefits under the Federal Employees' Compensation Act (FECA). Depending upon your agency, start by filing OSHA's Form 301, then file a claim using either form CA-1 (for traumatic injury) or form CA-2 (for occupational disease). After you have received an official FECA case number, you may also file form CA-7 (Claim for Compensation).

### Need to upload a document?

Stakeholders and interested parties can use ECOMP to upload documents to active FECA cases. You can upload letters, medical reports and other supporting documentation. You will need the official FECA Case Number and other identifying information to use this feature.



**Do not upload OWCP forms or medical bills! Forms or bills submitted as uploads will not be processed. Submit medical bills [here](#).**

UPLOAD DOCUMENTS

### Need to file a form?

Register for an account or sign in to get started!

#### Sign In

Email or Username

Password

SIGN IN

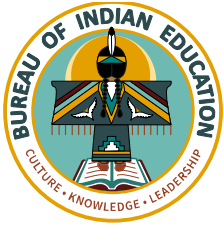
[Forgot password?](#)

Need an account? [Register](#)

#### Track status of form or document

Enter ECN or DCN

TRACK STATUS



# Employee Registration: Create Account

[HOME](#) [FORMS](#) [DOCUMENTS](#) [HELP](#)



## Need to file a form?

Register for an account or sign in to get started!

### Sign In

Email or Username

Password

SIGN IN

[Forgot password?](#)

Need an account? [Register](#)

Track status of form or document

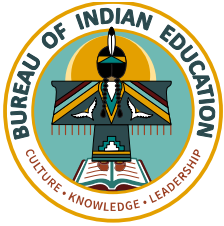
Enter ECN or DCN

TRACK STATUS

Need an account? [Register](#)

**Must click “Register” to  
create an account**





# Employee Registration: Account Basics



## REGISTER FOR ECOMP

Your ECOMP account enables you to file and manage forms with the Department of Labor OWCP. Your account is covered under the [Privacy Act](#). If you already have an account, [sign in here](#).

## ACCOUNT BASICS

|            |                        |           |
|------------|------------------------|-----------|
| First Name | Middle Name (optional) | Last Name |
|------------|------------------------|-----------|

|                |  |
|----------------|--|
| Home Telephone | <input type="checkbox"/> International |
|----------------|--|

|               |  |
|---------------|--|
| Email Address | <input data-bbox="520 1247 548 1276" type="button" value="?"/> |
|---------------|--|

|                        |             |
|------------------------|-------------|
| Social Security Number | Confirm SSN |
|------------------------|-------------|

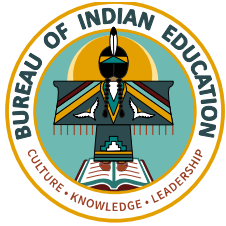
  

☐ I am NOT a US citizen and do not have a social security number.

Employee will enter name, telephone number, and email address.

Can use their government or personal email address. Keep in mind if employee changes federal employer or leaves federal service, they may not always have access to their government email account.

Must enter social security number (SSN) and confirm it. If not a US citizen and do not have a SSN, the employee will check the box indicated "I am NOT a US citizen and do not have a social security number."



# Employee Registration: Password

## PASSWORD

Choose a Password

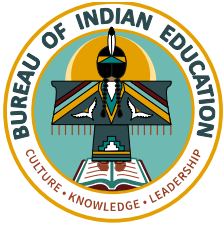
Re-enter Password

CANCEL

CREATE ACCOUNT

Create password.  
Minimum 8 characters  
1 uppercase letter  
1 lower case letter  
1 number  
1 special character

After all information is  
entered click CREATE  
ACCOUNT



# Employee Registration: Confirmation Email



## YOU'RE ALMOST DONE

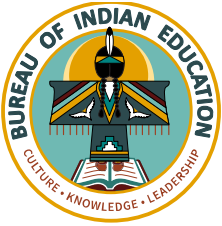
An email has been sent to this email address: [dolowcp3@gmail.com](mailto:dolowcp3@gmail.com)

**Check your email and follow the instructions inside.**

If you do not receive your confirmation email in 10 minutes, it may have been lost.

1. Check your spam folder.
2. Ensure that your emails service is not blocking emails from [@www.ecomp.dol.gov](mailto:@www.ecomp.dol.gov)
3. Make sure that the email you gave us is your correct address (if not please re-register).

***MUST confirm the account  
through email provided first  
before you can log into your  
ECOMP account***



# Employee Registration: Email Link

ECOMP: Please Confirm Email Inbox X

noreplyuat@ecomp.dol.gov  
to me ▾

**TEST ENVIRONMENT: uat**

This email is intended for:

Name: First Last

Username: [dolowcp3@gmail.com](mailto:dolowcp3@gmail.com)

If your email is [dolowcp3@gmail.com](mailto:dolowcp3@gmail.com), please confirm your account registration by clicking on the link b

<https://www.training.ecomp.dol.gov/#lid=me32uya8l>

Please note, this link will expire in 72 hours.

If you did not sign up for this account, do not click this link.

<https://www.training.ecomp.dol.gov/>

[Message ID: kke5lenr.vsX2eGpyOBnQ]



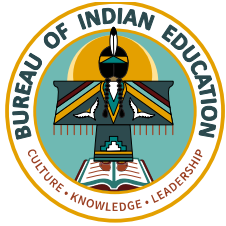
Reply



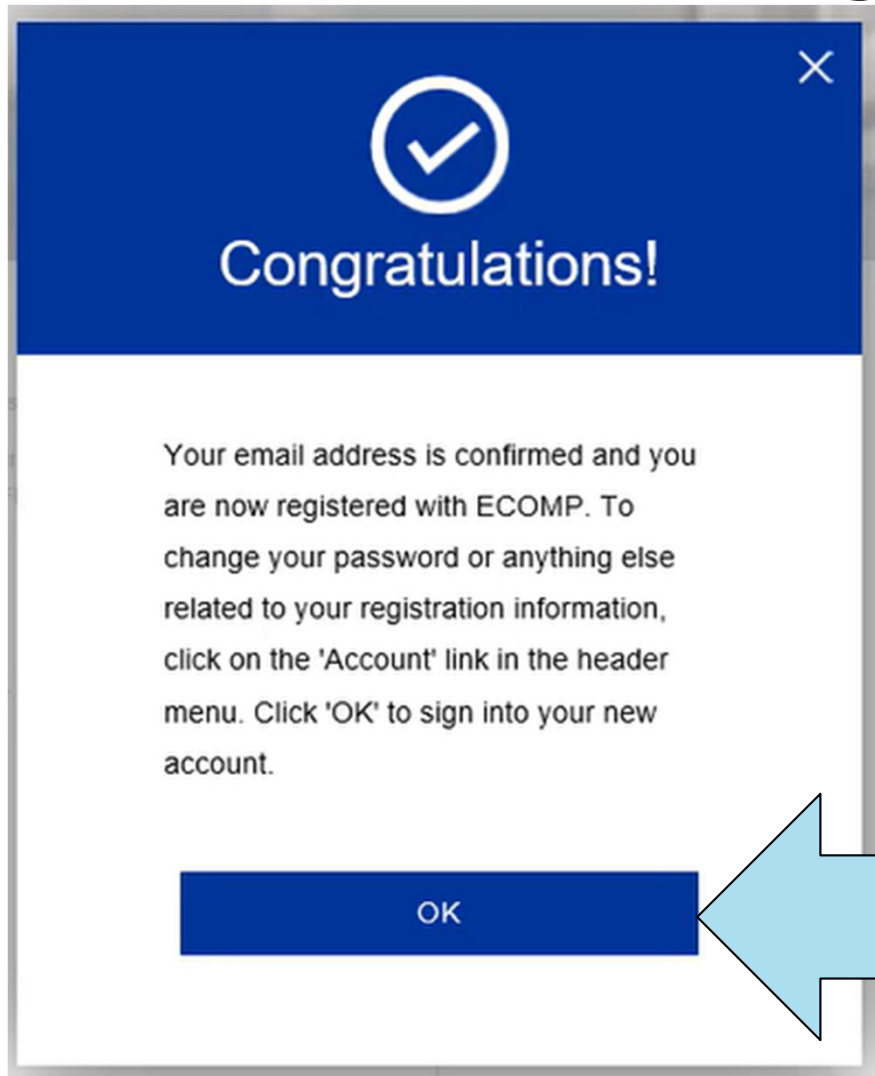
Forward

Go into your email account and look for an email from [noreply@ecomp.dol.gov](mailto:noreply@ecomp.dol.gov)

Click on the link in the email.

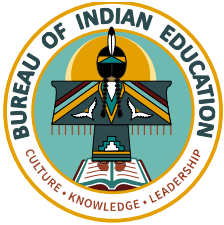


# Employee Registration: Confirmation



If you see this  
image, you can  
now log into your  
ECOMP account

Click "OK"



# Employee Registration: Rules of Behavior

## Rules of Behavior

BEFORE USING THIS U.S. FEDERAL GOVERNMENT SYSTEM, YOU MUST READ AND AGREE TO THE FOLLOWING RULES OF BEHAVIOR.

### Restricted Use:

- This system houses United States Department of Labor sensitive information covered by the Privacy Act of 1974 that shall be accessed and used only for official government business by authorized personnel. Unauthorized access or use of this site (e.g., images, data, text, contacts, or any information provided) may subject violators to criminal, civil and/or administrative action. All information on this site may be intercepted, recorded, read, and disclosed by and to authorized personnel for official purposes, including criminal investigations. Access or use of this computer system by any person whether authorized or unauthorized constitutes consent to these terms.

### Accountability:

- Users shall acknowledge actions and accept responsibility for correcting errors and rectifying problems.

### Confidentiality:

- Users shall encrypt system data with the latest approved encryption technology when storing or transmitting.
- Users shall protect physical copies from getting lost and not leave printouts unattended.
- Users shall prevent unauthorized people from viewing the information whether on the computer screen or on paper.
- Users shall make sure that they understand their responsibilities under the Privacy Act to protect information that is transmitted through and resides in the system from improper disclosure.

### Integrity:

- Users shall make sure that the information which they manage, and for which they have

After signing in for the first time, the Rules of Behavior will be displayed. Read the Rules of Behavior and acknowledge your agreement to the terms. Once the box is checked, click Next.

You will now be asked to verify your identity on the Identity Verification page. Review the information and click Yes if it is correct. You will then be taken to your Employee Dashboard.

If the identity information is not correct, click No. You will then have the ability to review and edit the information. Click Next to proceed

☐

I have read the above document and agree to these Rules of Behavior



# Employee Registration: Identity Verification


## Identity Verification

### INSTRUCTIONS

In an effort to further secure this system we need to verify your identity. In order to complete this process we will request confirmation of your personal information. Below please review your account information. If needed, you may also update the existing information. This information is necessary to validate your identity with a nationally accredited bureau. Once you have confirmed your personal information you will be asked a series of personal history questions to confirm your identity. All information you share with us is secure and private. Please review and fill in your current account information below.

**Claimant Name** First Last

**Date of Birth** 01/01/1900

**Social Security Number** ..... 

**Address** any st, any city, NY, 10014

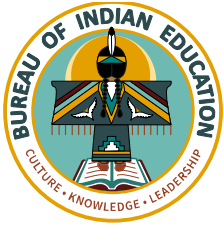


Is this information correct?

Yes

No

Review and Answer



# Employee Registration: ECOMP Dashboard


[MY DASHBOARD](#)
[NEW CLAIM](#)
[DOCUMENTS](#)
[HELP](#)
[FIRST LAST](#)
[HOME](#) / [MY DASHBOARD](#)

## Welcome to your ECOMP Dashboard

To file a new injury/illness claim, click on the "New Claim" link above.

Documents upload and management may be accessed in the "Documents" link above.

Each existing injury/illness claim you have initiated can be found in the Cases tab of the table below. If you have any forms in Draft Status, they will be listed in the Draft Forms tab of the table. The Action Required tab shows if additional information is required in order to process your claim. This includes returned claim forms. If you do not respond, your entitlement to benefits may be delayed or suspended. If your Action Required tab is empty there is nothing required of you at this time.

By clicking anywhere in the row of an injury/illness claim in the table below, you will be taken to its Case Review page where you can:

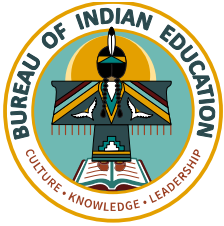
- Finish filing any injury/illness claims that are in Draft status.
- View case details including the injury claim information; forms associated with the case; claim status; compensation payment tracking; compensation payment history; and from within the payment period details you may also access the compensation amount, health benefit and life insurance details, payee information, and the formula for compensation. You can also access additional billing information through the "Bill Pay Inquiry" link. Pharmacy information is available through the "Pharmacy Benefit" link.
- File associated claim forms, such as a CA-7 Claim for Compensation, using the "New Case Form" drop down button within the Forms tab of the Case Review page.
- Review and respond to case letters and requests for information. If OWCP needs information to process your claim, the request letter will appear in the Response Required tab. If the request is overdue it will appear in the Overdue Request tab. If you do not respond to these items, your entitlement to benefits may be delayed or suspended. Letters that are informative and require no response appear in the Informational Letters tab.


**Cases (10)**

Draft Forms (1)

Action Required (2)





# Filing a CA-1, CA-1 COVID-19 or CA-2: Employee Portion

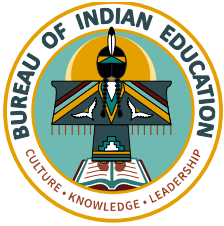
## Account Security

An account security code is required to complete your login. Please select the option below to receive your code. ?

- ☐ Send Code via email to owcp\*\*\*\*\*@gmail.com
- ☒ Send code via text message to phone number ending in 9162

To receive a security code, this number must be capable of accepting text messages. If this number is unable to receive text messages, please select email. You may update your phone number once you gain access to your account.





# Filing a CA-1, CA-1 COVID-19 or CA-2: Employee Portion: Dashboard


[MY DASHBOARD](#)
[NEW CLAIM](#)
[DOCUMENTS](#)
[HELP](#)
[FIRST LAST](#)
[HOME](#) / [MY DASHBOARD](#)

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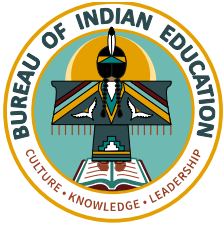
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- Finish filing any injury/illness claims that are in Draft status.
- View case details including the injury claim information; forms associated with the case; claim status; compensation payment tracking; compensation payment history; and from within the payment period details you may also access the compensation amount, health benefit and life insurance details, payee information, and the formula for compensation. You can also access additional billing information through the "Bill Pay Inquiry" link. Pharmacy information is available through the "Pharmacy Benefit" link.
- File associated claim forms, such as a CA-7 Claim for Compensation, using the "New Case Form" drop down button within the Forms tab of the Case Review page.
- Review and respond to case letters and requests for information. If OWCP needs information to process your claim, the request letter will appear in the Response Required tab. If the request is overdue it will appear in the Overdue Request tab. If you do not respond to these items, your entitlement to benefits may be delayed or suspended. Letters that are informative and require no response appear in the Informational Letters tab.


**Cases (10)**

Draft Forms (1)

Action Required (2)



# Filing a CA-1, CA-1 COVID-19 or CA-2: Employee Portion : New Claim

UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

HOME / MY DASHBOARD

MY DASHBOARD **NEW CLAIM** DOCUMENTS HELP FIRST LAST

## Welcome to your ECOMP Dashboard

## Select New Claim

To file a new injury/illness claim, click on the "New Claim" link above.

Documents upload and management may be accessed in the "Documents" link above.

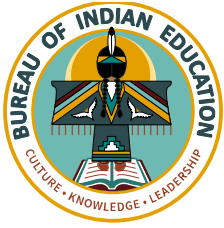
Each existing injury/illness claim you have initiated can be found in the Cases tab of the table below. If you have any forms in Draft Status, they will be listed in the Draft Forms tab of the table. The Action Required tab shows if additional information is required in order to process your claim. This includes returned claim forms. If you do not respond, your entitlement to benefits may be delayed or suspended. If your Action Required tab is empty there is nothing required of you at this time.

By clicking anywhere in the row of an injury/illness claim in the table below, you will be taken to its Case Review page where you can:

- Finish filing any injury/illness claims that are in Draft status.
- View case details including the injury claim information; forms associated with the case; claim status; compensation payment tracking; compensation payment history; and from within the payment period details you may also access the compensation amount, health benefit and life insurance details, payee information, and the formula for compensation. You can also access additional billing information through the "Bill Pay Inquiry" link. Pharmacy information is available through the "Pharmacy Benefit" link.
- File associated claim forms, such as a CA-7 Claim for Compensation, using the "New Case Form" drop down button within the Forms tab of the Case Review page.
- Review and respond to case letters and requests for information. If OWCP needs information to process your claim, the request letter will appear in the Response Required tab. If the request is overdue it will appear in the Overdue Request tab. If you do not respond to these items, your entitlement to benefits may be delayed or suspended. Letters that are informative and require no response appear in the Informational Letters tab.

Search

| Cases (10) | Draft Forms (1) | Action Required (2) |
|------------|-----------------|---------------------|
|------------|-----------------|---------------------|



# Filing a CA-1, CA-1 COVID-19 or CA-2: Employee Portion: Agency

## GOVERNMENT ORGANIZATION ?

What part of the government were you working for at the time of your injury?

Select Department

XX ECOMP TEST (DO NOT USE) ▼

Agency Group

ECOMP Testing Only1

Agency

OFFICE OF ECOMP TESTING

Select Duty Station

C/O ECOMP - X2 TEST, 203 UNION STREET, WASHINGTON, DC 20210 ▼

You can file forms CA-1, CA-2, CA-3, CA-6, CA-7, CA-7a, CA-16 for this organization through ECOMP ?

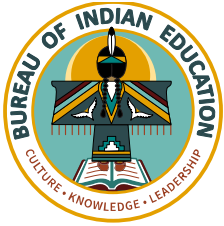
Department – Department of the Interior

Agency Group – Bureau of Indian Education

Agency:

- BIE-Regular Employee Functions
- BIE – Volunteers

Duty Station: Select the Organization/School



# Filing a CA-1, CA-1 COVID-19 or CA-2: Employee Portion : Claim Selection

To file a form for injury or illness:

- 1 Claim benefits using either form *CA-1 (for Traumatic Injury)* or form *CA-2 (for Occupational Disease)*. Pending review of your claim, you may receive a FECA Case Number. If you are filling a claim for COVID-19, use FORM CA-1 COVID-19.

FILE CA-1 OR CA-2

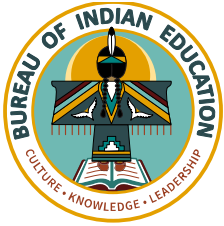
FILE CA-1 COVID-19

- If you wish to claim compensation and you've received an official FECA Case Number, you can file form *CA-7 (Claim for Compensation)*.

FILE CA-7



You must have a FECA Case number to file a CA-7



# Filing a CA-1, CA-1 COVID-19 or CA-2: Employee Portion: Form Information

## About Forms CA-1, CA-2 and CA-1 COVID-19

### WHICH FORMS SHOULD I USE?

Form **CA-1** (*Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation*) is for use by Federal employees to claim benefits under the Federal Employees' Compensation Act for a medical condition resulting from an incident or activity occurring during one work shift.

Form **CA-2** (*Notice of Occupational Disease and Claim for Compensation*) is for use by Federal employees to claim benefits under the Federal Employees' Compensation Act for a medical condition resulting from an incident or activity occurring over more than one work shift.

Form **CA-1 COVID-19** is for use by Federal employees who were exposed to other people in the work setting and contracted COVID-19. COVID-19 is caused by the SARS-CoV-2 virus, a kind of coronavirus.

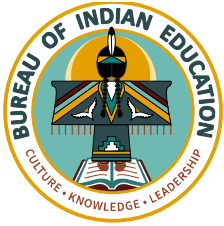
### HOW DO I FILE THE FORM?

The process for filing a form involves completing several form sections made up of smaller form-filing steps. These individual steps can be viewed in the progress bar at the top of the page.

If you filed an **OSHA-301**, the information you entered in that form will be used to automatically fill in matching fields on the FECA form, but you should edit any of the narrative responses as needed.

The form may be saved at any time and completed later. Once the form has been submitted, it will be reviewed by the employee's supervisor and/or the Agency Reviewer before submission to OWCP (if appropriate).

[FILE A CLAIM](#)



# Filing a CA-1, CA-1 COVID-19 or CA-2: Employee Portion: Selection of Form

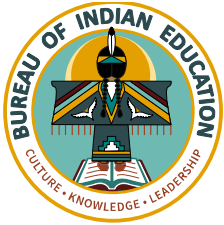
SELECT THE APPROPRIATE FORM:

| CA-1 COVID-19  | For COVID-19 |
|--|--------------|
| <p>Use this form if you were exposed to other people in the work setting and contracted COVID-19. COVID-19 is caused by the SARS-CoV-2 virus, a kind of coronavirus.</p> <p>Do not use this form if you have any other forms of traumatic injury or illness. Instead use CA-1 or CA-2 below.</p> <p><a href="#">SELECT CA-1 COVID-19</a></p> |              |

| CA-1   | For Traumatic Injury |
|--|----------------------|
| <p><b>CA-1 - Federal Employee's Notice of Traumatic Injury &amp; Claim for Continuation of Pay/Compensation</b></p> <p>Use this form if you have sustained a traumatic injury on the job. A traumatic injury is a condition of the body caused by a specific event or incident, or series of events or incidents, within a single workday or shift.</p> <p>Examples of a traumatic injury include: a dog bite, a motor vehicle accident or a slip and fall.</p> <p><a href="#">SELECT CA-1</a></p> |                      |

| CA-2   | For Illness |
|--|-------------|
| <p><b>CA-2 - Notice of Occupational Disease and Claim for Compensation</b></p> <p>Use this form if you have sustained an occupational disease as a result of your job duties. An occupational disease or illness is a condition produced by the work environment over a period longer than a single workday or shift.</p> <p>Examples of an occupational disease include: noise induced hearing loss, asbestos-related illness or orthopedic injuries due to repetitive motion.</p> <p><a href="#">SELECT CA-2</a></p> |             |





# Supervisor Review Process: Email



Wed 04/10/2019 10:11 AM

noreplyuat@ecomp.dol.gov

ECOMP: ECN #119488 requires your review

To [redacted] - OWCP

An employee of the US government has identified you as his/her supervisor, and has requested that you review and complete an official government form. To access this form, click on this link:

<https://www.training.ecomp.dol.gov/#lid=916pl5hiy>

ECN #:

- 119488

Form:

- CA1

Status:

- Pending Review by Supervisor

Status Changed Date:

- 04/08/2019 03:51 PM

Responsible Organization:

- XX ECOMP TEST (DO NOT USE)
- ECOMP Testing Only
- OFFICE OF ECOMP TESTING
- C/O ECOMP - XX TEST

Employee's Initials:

- I.W

Date of Event:

- 04/01/2019

Date Filed:

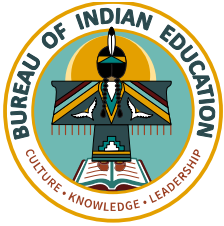
- 04/08/2019 03:51 PM

If you believe you were sent this message in error, follow the above link and select "I cannot or should not review this claim."

Questions about this email, or ECOMP:

<https://www.training.ecomp.dol.gov>





# Supervisor Review Process: Rules of Behavior

## Rules of Behavior

Before using ECOMP, you must read and agree to the following Rules of Behavior.

### Restricted Use:

- Users shall access ECOMP and utilize its information solely for ECOMP related business.

### Access:

- Users shall access and use only information for which they have official authorization.
- Users shall limit sharing of ECOMP information only with users who have the need to know, in regard to ECOMP related business.

### Accountability:

- Users shall acknowledge actions and accept responsibility for correcting errors and rectifying problems.
- Users shall log out of the ECOMP web site when finished using the system or leaving their computers.

### Confidentiality:

- Users shall encrypt ECOMP data with the latest approved encryption technology when storing or transmitting.
- Users shall protect physical copies from getting lost and not leave printouts unattended.
- Users shall prevent unauthorized people from viewing the information whether on the computer screen or on paper.
- Users shall make sure that they understand their responsibilities under the Privacy Act to protect information that is transmitted through and resides in the ECOMP system from improper disclosure.

### Integrity:

- Users shall make sure that the information which they manage, and for which they have responsibility, is accurate and up-to-date.
- Users shall prevent unauthorized changes, destruction or tampering with information.
- Users shall create only authorized records.

### Passwords and User IDs:

- Users shall never share passwords or account information.
- Users shall use only the user accounts to which they have been assigned to access the system.
- Users shall protect their accounts by memorizing their passwords and never write them on paper or store them in an electronic file.
- Users shall change their passwords immediately should they suspect that someone else knows their passwords.

### Awareness:

- Users shall complete the annual security training provided by their employer.
- Users shall maintain up-to-date essential knowledge of computer security.

### Reporting:

- Users shall immediately report security vulnerabilities and violations to proper authorities and their ECOMP Representatives.
- Users shall immediately report accidental or intentional disclosure of ECOMP information to proper authorities and their ECOMP Representatives.

### Penalties for Non-compliance:

Users who do not comply with the ROB are subject to penalties that can be imposed under existing policy and regulations, including

- official written reprimands
- suspension of system privileges
- temporary suspension from duty
- removal from current position
- termination of employment
- criminal prosecution

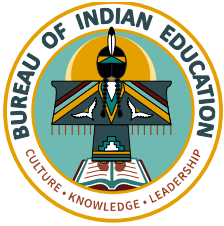
OWCP will enforce the use of penalties against any user who willfully violates any OWCP, Department, or Federal system security (and related) policy.

[Click here](#) to view the complete Rules of Behavior document.



I have read the above document and agree to these Rules of Behavior

NEXT



# Supervisor Review Process: Confirmation

## Supervisor Review

You have been named by an employee of the US government to review this form. You're being asked to fill this out as an employee's supervisor so it may reference you throughout as 'The Supervisor.'

|                   |                         |                              |            |
|-------------------|-------------------------|------------------------------|------------|
| ECN 119488   CA-1 |                         | Pending Review by Supervisor |            |
| Employee          | Injured Worker          | Date of Event                | 04/01/2019 |
| Organization      | OFFICE OF ECOMP TESTING | Initiated                    | 04/08/2019 |

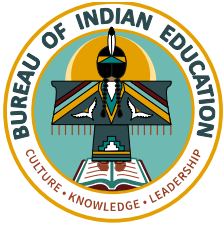
You should review this form if both of these are true:

Your email is [REDACTED]@dol.gov

You work as a supervisor at the XX ECOMP TEST (DO NOT USE) for the employee named above.

NO, I CANNOT REVIEW THIS FORM

YES, I WILL REVIEW THIS FORM



# Supervisor Review Process: Return Reason

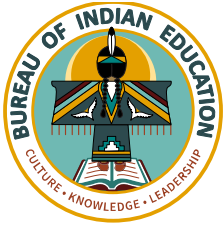
Return Reason

If you do not review this form, it will be returned to the person who filed it.

Why are you unable to review this form? ▾

- 1 - EMPLOYEE NOT UNDER MY SUPERVISION
- 2 - INCORRECT EMPLOYING AGENCY
- 3 - RETURN OF FORM REQUESTED BY EMPLOYEE

CANCEL



# Supervisor Review Process: Agree

**Alert**

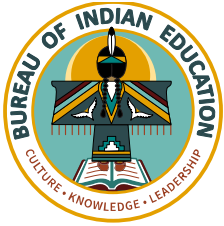
You have elected to proceed with form review. For security purposes your IP address will be recorded. If you are not authorized to view this form, click Cancel. Otherwise, click "I Agree" to proceed.

**I AGREE**

**CANCEL**

**NO, I CANNOT REVIEW THIS FORM**

**YES, I WILL REVIEW THIS FORM**




# Supervisor Review Process: Form Summary




## CA-1 Traumatic Injury Claim

ECN 119488 | Pending Review by Supervisor

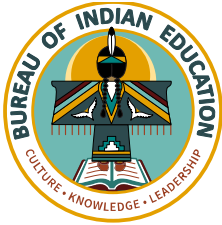
### FORM SUMMARY

|               |   |
|---------------|---|
| Claimant      | Injured Worker  |
| Email         | <a href="mailto:injuredworker.ecomp@outlook.com">injuredworker.ecomp@outlook.com</a>          |
| ECN           | 119488  |
| Date of Event | 04/01/2019  |
| Filed         | 04/08/2019  |
| Supervisor    |  @dol.gov |
| Agency        | OFFICE OF ECOMP TESTING   |

Autosaved 

EXIT





# Supervisor Review Process: Review Employee Information



## CA-1 Traumatic Injury Claim

ECN 119488 | Pending Review by Supervisor

Be sure to carefully review this form before continuing.

### EMPLOYEE BASICS

- ① Employee First Name      Middle Name      Last Name  
Injured           Worker
- ①a Employee Email  
injuredworker.ecomp@outlook.com
- Government Organization  
XX ECOMP TEST (DO NOT USE)  
OFFICE OF ECOMP TESTING  
C/O ECOMP - XX TEST  
203 UNION STREET, WASHINGTON, DC, 20210
- ② Social Security Number  
●●●-●●-●●●●
- ③ Date of Birth  
●●/●●/●●●●
- ④ Sex  
Male
- ⑤ Home Telephone  
(202) 555-1234

⑥ Grade as of Date of Injury  
9

Step as of Date of Injury  
5

### HOME MAILING ADDRESS

⑦ Address  
●●●●●●●●●●, ●●●●●●●●, ●●, ●●●●●, ●●●●●●●●●●●●●●●●●●●●●●

### ⑧ DEPENDENTS

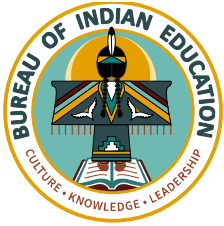
No dependents have been selected

### WHO SHOULD REVIEW THIS FORM?

Immediate Supervisor's Email  
●●●●●●●●@dol.gov

### DESCRIPTION OF INJURY

⑨ Place where injury occurred  
FPB Building, 3rd Floor, 200 C Street, Washington, DC, 20010, UNITED STATES OF AMERICA



# Supervisor Review Process: Review Injury Information

## DATE

- 10 **Date Injury Occurred**  
04/01/2019 10:00 am
- 11 **Date of this Notice**  
04/08/2019

- 12 **Employee's Occupation**  
Claims Examiner

## INJURY

- 13 **Cause of Injury**  
Lifting a box of files I strained my back
- 14 **Nature of Injury**  
Low back strain

## WITNESS

- 16 **Witness First Name** **Middle Name** **Last Name**  
NO RESPONSE GIVEN NO RESPONSE GIVEN NO RESPONSE GIVEN
- Address**  
NO RESPONSE GIVEN
- Date of Witness Statement**  
NO RESPONSE GIVEN

## ATTACHMENTS

[Add/Modify Attachments](#)[View](#)**DCN 119489**

Type: General Inquiry (Non-Medical) | Authored Date: 04/03/2019

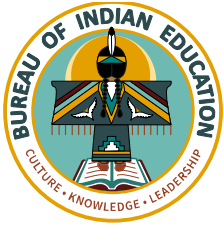
Uploaded by injuredworker.ecomp@outlook.com on 04/08/2019 at 3:44 PM

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EXIT





# Supervisor Review Process: Supervisor Information

## CA-1 Traumatic Injury Claim

ECN 119488 | Pending Review by Supervisor

### SUPERVISOR INFORMATION

Agency Official First Name

Last Name

38

Sue

Middle Name (optional)

Supervisor

Agency Official Title

Supervisor

Office Telephone

(202) 555-5678

☐

International

17

### AGENCY NAME AND ADDRESS OF REPORTING OFFICE

Agency Name

DOL

Address

200 C St

City

Washington

State

DC - District Of Columbia

ZIP code

20010

Country

UNITED STATES OF AMERICA

**Agency Name: BIE**

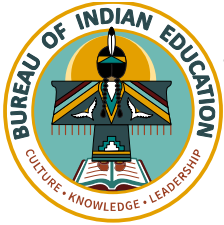
**Address: 1011 Indian School Rd. NW Ste 150**

**City: Albuquerque**

**State: NM**

**Zip Code: 87104**





# Supervisor Review Process: Employee Basics

## CA-1 Traumatic Injury Claim

ECN 119488 | Pending Review by Supervisor

### EMPLOYEE BASICS

Employee Occupation Code

a 0998 - CLAIMS CLERICAL X ?

Type Code

b Lifted, strained by (single action) v

Source Code

c Box, barrel, container, etc. v

Employee's Retirement Coverage

18 CSRS FERS Other ?

### EMPLOYEE'S SCHEDULE

Does employee work a regular schedule?

Yes No

Regular Work Hours From

20 07:00 AM L

Regular Work Hours To

04:00 PM L

Regular Work Schedule

Sun Mon Tue Wed Thur Fri Sat

### DATES

22 Date of Injury  
04/01/2019

23 Date Notice Received  
04/08/2019

Date Employee Stopped Work

24 (mm/dd/yyyy) L

Time Employee Stopped Work L

Date Employee's Pay Stopped

25 (mm/dd/yyyy) L

Date 45 Day Period Began

26 (mm/dd/yyyy) L

Date Employee Returned to Work

27 (mm/dd/yyyy) L

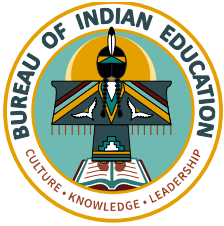
Time Employee Returned to Work L

Autosaved ✓



EXIT





# Supervisor Review Process: Injury Information



## CA-1 Traumatic Injury Claim

ECN 119488 | Pending Review by Supervisor

### CAUSE OF INJURY

Was the employee injured in performance of duty?

28 ☐ Yes ☒ No

Explain Why Not

Sample text

(234 characters remaining)

Was the injury caused by employee's willful misconduct, intoxication, or intent to injure self or another?

29 ☐ Yes ☒ No

Was the injury caused by a third party?

30 ☐ Yes ☒ No ?

### INJURY DETAILS

Anatomical Location of Injury

BL - LOWER BACK/BUTTOCKS

Nature of Injury

TB - BACK SPRAIN/STRAIN, BACK PAIN, SUBLUXATION, IVD DISORDERS

Cause of Injury

33 - HANDLING FURNITURE/OFFICE EQUIP

Extent of Injury

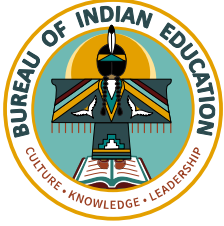
X - LT covered by COP or leave

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EXIT





# Supervisor Review Process: Medical Information



## CA-1 Traumatic Injury Claim

ECN 119488 | Pending Review by Supervisor

### PHYSICIAN FIRST PROVIDING MEDICAL CARE ?

32 First Name Last Name

Address

City State

Country

ZIP code UNITED STATES OF AMERICA

### MEDICAL

First Date Medical Care Received

33 (mm/dd/yyyy) ?

Do medical reports show employee is disabled for work?

34 Yes No

Does your knowledge of the facts about this injury agree with statements of the employee and/or witnesses?

35 Yes No

If employing agency controverts continuation of pay, state the reason in detail (otherwise, leave blank).

36 Sample text (239 characters remaining) ?

37 Pay Rate When Employee Stopped Work Per

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

38 Sample text (249 characters remaining)

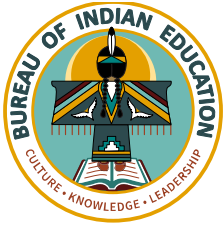
Autosaved ✓



EXIT



43



# Supervisor Review Process: Attachments

## CA-1 Traumatic Injury Claim

ECN 119488 | Pending Review by Supervisor

Attach the following supporting documents: witness statements, job descriptions, and medical documentation. **Do not upload OWCP forms or medical bills here; they will not be processed.** Submit medical bills using [OWCP's Central Bill Processing Center](#). Submit OWCP forms through your agency's established procedures (electronically or in paper form). [Learn more.](#)

### ATTACHMENTS (optional) ?

Max file size is 5MB

Limit number of pages to 10 per document

Allow 4 hours for processing

Upload one document at a time. Each upload is assigned a Document Control Number (DCN). Uploads will be converted to black-and-white.

Accepted file formats: jpeg, jpg, gif, png, txt, tif, tiff, rtf, pdf, doc, docx



### UPLOADED ATTACHMENTS

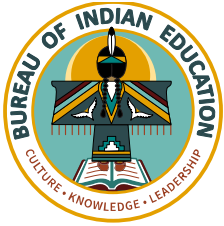


[View](#)

DCN 119489

Type: General Inquiry (Non-Medical) | Authored Date: 04/03/2019

Uploaded by injuredworker.ecomp@outlook.com on 04/08/2019 at 3:44 PM



# Supervisor Review Process: Review Summary



## CA-1 Traumatic Injury Claim

ECN 119488 | Pending Review by Supervisor

Review this information carefully before continuing.

### SUPERVISOR INFO

[Edit](#)

36 Agency Official First Name   Middle Name   Last Name  
Sue     Supervisor

Agency Official Title  
Supervisor

Email & Office Phone  
tukenmez.derek@dol.gov   (202) 555-5678

### 17 AGENCY NAME AND ADDRESS OF REPORTING OFFICE

[Edit](#)

Agency Name  
DOL

Address  
200 C St, Washington, DC, 20010, UNITED STATES OF AMERICA

35 Does supervisor agree?  
Yes

36 Does agency controvert continuation of pay?  
Sample text

[Edit](#)

37 Pay Rate  
NO RESPONSE GIVEN

38 Remarks  
Sample text

[Edit](#)

### ATTACHMENTS

[Add/Modify Attachments](#)

DCN 119489

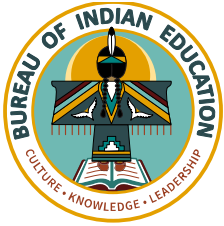
Type: General Inquiry (Non-Medical) | Authored Date: 04/03/2019

Uploaded by injuredworker.ecomp@outlook.com on 04/08/2019 at 3:44 PM

[View](#)

EXIT





# Supervisor Review Process: Sign and Action to take



## CA-1 Traumatic Injury Claim

ECN 119488 | Pending Review by Supervisor

### SIGN

#### Action to Take

Sign & Forward or File

Request Resubmission

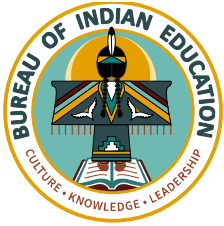
### EVENT (optional)

Is this form related to one of these events? (optional)



EXIT

SIGN AND FORWARD



# Supervisor Review Process: Resubmission



## CA-1 Traumatic Injury Claim


ECN 119488 | Pending Review by Supervisor

### SIGN

#### Action to Take

Sign & Forward or File

Request Resubmission

 This form will not be submitted and will be returned to the filer, who will be advised of the return reason.

Why?

- 1 - Incorrect Employing Agency
- 2 - Return of form requested by employee

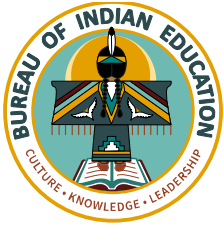
### EVENT (optional)

Is this form related to one of these events? (optional)



EXIT

REQUEST RESUBMISSION



# Supervisor Review Process: Certification

Progress bar: SUMMARY, REVIEW CA-1, SUPERVISOR, ATTACHMENTS, REVIEW, SIGN (9)

CA-1 T

ECN 119488

SIGN

Action to Take

Sign

EVENT (c

Is this form

Attention

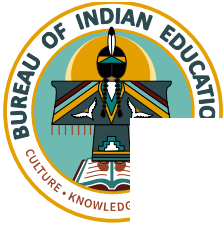
**I understand that** a supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect to this claim may be subject to appropriate **felony criminal prosecution**.

I AGREE

CANCEL

< EXIT SIGN AND FORWARD






# Supervisor Review Process:

## CA-1 Traumatic Injury Claim

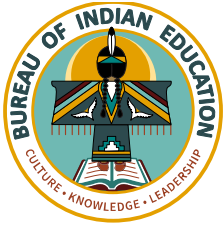
ECN 119488 | Pending Final Review by FECA Agency Reviewer

|   |  |   |  |                          |
|---|--|---|--|--------------------------|
| <br>FORM<br>LOCKED | ECN 119488   CA-1                      |   | Pending Final Review by FECA Agency Reviewer |                          |
|   | <b>Employee</b><br><b>Organization</b> | Injured Worker<br>OFFICE OF ECOMP TESTING | <b>Date of Event</b><br><b>Initiated</b>     | 04/01/2019<br>04/08/2019 |

- You can print a copy of this form using the 'Get PDF' button above.
- A digital copy of this form will be kept by ECOMP for 5 years. (Public Law 91-596 and 29 CFR 1904)

ISSUE CA-16

DONE



# Disclosure of Information

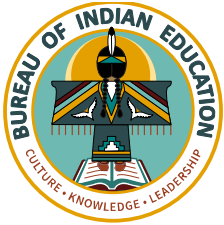
The Department of Labor regulations govern the disclosure of workers' compensation case information.

DOL/GOVT-1 provides that federal agencies that employed the claimant at the time of the occurrence or recurrence of the injury or occupational illness can access OWCP case file information in order to verify billing, to assist in administering the FECA, to answer questions about the status of the claim, to consider rehire, retention or other actions the agency may be required to take with regard to the claim or to permit the agency to evaluate its safety and health program.

Workers' Compensation information is to be used only for Workers' Compensation purposes unless authorized by the employee. The information cannot be used for purposes such as disciplinary action, removal, or the EEO complaint process without the consent of the injured employee. The information, however, can be used to determine placement opportunities for the employee. While you cannot provide information to a Labor Relations Specialist working on a proposed removal, you can provide pertinent information to the Staffing Specialist working on a placement for the employee.

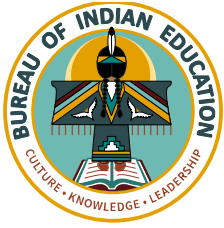
If you are in doubt as to whether you can release information, **just say no**, and then check with the WCS or bureau Program Manager for direction. The WCS should understand the rules governing release of information and can provide you with clear guidance.

For more information, visit: <http://www.dol.gov/sol/privacy/dol-govt-1.htm>



# References

- **What a Federal Employee Should Do When Injured at Work CA-10:**  
<https://www.dol.gov/sites/dolgov/files/OWCP/regs/compliance/CA-10.pdf>
- **Injury Compensation for Federal Employees Publication CA-810:**  
<https://www.dol.gov/owcp/dfec/federalagency.htm>
- **DFEC Procedure Manual:** <https://www.dol.gov/agencies/owcp/FECA/procedure-manual>
- **U.S. Department of the Interior/Workers' Compensation Program:**  
<https://www.doi.gov/pmb/hr/workerscompensation>
- **Office of Workers' Compensation Programs Response to the Coronavirus:**  
<https://www.dol.gov/agencies/owcp/coronavirus>
- **COVID-19 FAQs:** <https://www.dol.gov/agencies/owcp/FECA/InfoFECACoverageCoronavirus>
- **ECOMP Help:** <https://www.ecomp.dol.gov/#/help>



# Bureau of Indian Education Workers' Compensation Program

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