



Bureau of Indian Education (BIE)

SUPERVISOR WORKERS/INJURY COMPENSATION CHECKLIST

*The **Federal Employees' Compensation Act (FECA)**, (5 USC 8101et.seq), is administered by the U.S. Department of Labor (DOL), Office of Workers' Compensation Programs (OWCP). Benefits include continuation of pay for traumatic injuries, compensation for wage loss, medical care and other assistance for job-related injury or death.*

Filing a claim is a voluntary action and the burden of proof is on the employee to provide OWCP supporting documentation

REPORT OF INJURY OR OCCUPATIONAL DISEASE/ILLNESS

- Notified of employee's injury or occupational disease/illness filing either face to face or the DOL, Employees' Compensation Operations and Maintenance Portal (ECOMP).
- Supervisors must investigate and document the accident/incident.
- Traumatic Injury ONLY** - Issue Form CA-16: Authorization for Examination and/or Treatment. If needed, **ONLY** issue within 1 week from date of injury. **ONLY** one Form CA-16 can be issued per incident. Contact appropriate IA Workers Compensation Coordinator (WCC) for form or issue within ECOMP after review is completed.
- Ensure the Incident Report is completed in the DOI, Safety Management Information System (SMIS). Incident Report must be **completed within 7 calendar days**. After the supervisor has completed the supervisor portion, the report will be reviewed by a two-part initial and final process by respective IA Safety Manager and Division of Safety and Risk Management.
Injured employees must initiate the process for all safety-related events, including claims for compensation, through SMIS. (485 DM 7 and 25 IAM 6)

FORM CA-1 (TRAUMATIC INJURY CLAIM)

Time limit: 3 years from the date of injury. Must be filed within 30 days to be eligible for Continuation of Pay (COP).

- Complete Supervisor Review when email link received from ECOMP.
- Inform employee of requirement to provide medical documentation to support time off/lost time.
- Complete Form CA-17, Side A, and provide to employee.
- Discuss timesheet coding requirements and Continuation of Pay with employee and timekeeper.
- Inform Workers' Compensation Specialist of any discrepancies/issues.
- Communicate with employee during periods of lost time as indicated in provided medical notes.

FORM CA-2 (OCCUPATIONAL DISEASE/ILLNESS CLAIM)

Time limit: 3 years from the date first realized the disease/illness was caused or aggravated by the claimants employment.

- Complete Supervisor Review when email link received from ECOMP.
- Inform employee of requirement to provide medical documentation to support time off/lost time.
- Assist WCC with completion of Form CA-35: Evidence Required in Support of a Claim for Occupational Disease applicable Checklist.
- Complete Form CA-17, Side A, and provide to employee.
- Discuss timesheet coding requirements, election of sick/annual leave and/or Leave Without Pay.
- Inform WCC of any discrepancies and or issues.
- Communicate with employee during periods of lost time as indicated in provided medical notes.

For additional information or assistance, contact your IA Workers' Compensation Coordinator (WCC) here: <https://doimspp.sharepoint.com/sites/bia-ems/iasafety/Lists/Contact/WorkersComp.aspx>