


**U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons**



**PROGRAM STATEMENT
Workers' Compensation Program**

Approved by	 William K. Marshall III Director, Federal Bureau of Prisons
DPI	HSD
Number	1601.07
Date	May 7, 2026

Summary of Changes

<i>Program Statement Rescinded:</i> <ul style="list-style-type: none">▪ 1601.06 Workers' Compensation Program (4/8/2024)
<i>Changes:</i> <ul style="list-style-type: none">▪ Removed union involvement throughout

1. PURPOSE AND SCOPE

- To establish procedures for the Federal Bureau of Prison's (Bureau) Workers' Compensation Program and ensure compliance by all staff with the Federal Employees' Compensation Act (FECA), 5 U.S.C. § 8101 et seq.
- To provide limited light duty (LLD) assignments to Bureau staff who have incurred job-related injuries or illnesses that temporarily prevent them from performing their assigned duties.

FECA provides compensation benefits to United States civilian staff for disability due to personal injury or disease sustained while in the performance of official duty. It also provides for the payment of benefits to dependents if a work-related injury or disease causes a staff member's death. As provided for by federal regulations and statutes, injured/ill workers will be assisted in returning to work, consistent with their medical condition.

The Department of Labor (DOL), Office of Workers' Compensation Programs (OWCP), administers the FECA. OWCP reviews all medical and factual information presented on behalf of an injured worker (IW) for adjudication of the claim. The Bureau, as an "employing agency" under the FECA, has the authority to carry out the functions of the employer under the FECA.

A list and description of the forms relating to the Workers' Compensation Program may be found in 20 CFR 10.7 and may be accessed through the DOL FECA website. A limited list of forms and their descriptions can be found in Attachment A, Commonly Used DOL Forms.

a. Program Objectives.

- Claims will be promptly filed, reviewed, and processed in accordance with the FECA.
- The length of staff absence from the job because of worker's compensation claims will be reduced by providing LLD assignments to return injured/ill staff to duty in a manner consistent with their prescribed medical condition/limitations.

b. Institution Supplement. None. Should local facilities believe changes to the national policy are necessary; or believe additional local procedures are required, the local facility should submit a written proposal that includes a clear objective, the rationale, and the potential impact of the changes to the national policy to the Centralized Workers' Compensation Unit (CWCU). The proposed changes should align with the Bureau's overall goals and clearly explain the benefits and potential risks of the changes. CWCU will assess and determine the need for changes to national policy or local procedures. If local procedures are deemed necessary, CWCU will be the final approving authority for the local procedures.

2. CLAIMS PROCESSING PROCEDURES

An outline of claims processing procedures is provided below. Detailed information is available on each applicable form.

- The staff member will report any work-related injury to their immediate supervisor without delay.
- Chief Executive Officers (CEO) at training locations will designate a local point of contact (POC) to provide claims processing guidance to staff that are not permanently assigned.
- To claim benefits under the FECA, a staff member who sustains a work-related traumatic injury or occupational illness/disease must give notice of the injury on the appropriate electronic form via DOL's electronic transmission system, Employees Compensation Operations & Management Portal (ECOMP).
- The employer will issue Form CA-16, Authorization for Examination and/or Treatment, within four hours of the claimed injury. If the employer gives verbal authorization for such care, they should issue a Form CA-16 within 48 hours. The employer is not required to issue a Form CA-16 more than one week after the occurrence of the claimed injury.
- The staff member, or their designee, will use DOL's electronic transmission system, The Employees' Compensation Operations & Management Portal to document the injury/disease.
- The supervisor and/or CWCU will assist the staff member in completing the electronic forms, if necessary.

- The staff member submits the completed forms in DOL’s electronic transmission system. The system will forward the staff member’s completed portion of the claim form to the supervisor and agency reviewer (AR).
- The AR ensures the supervisor has completed all forms in their entirety; obtained salary information from the Human Resource Department, if necessary; and processed all forms appropriately (i.e., file or forward to OWCP).

3. INJURED WORKER RESPONSIBILITIES

When a staff member is injured at work or experiences an occupational exposure due to work-related reasons, they are required to report it to their supervisor immediately or as soon as they become aware of the injury/illness.

Any staff member who will be or is absent due to work-related illness or injury will notify the supervisor prior to the start of the staff member’s shift, or as soon as possible, of their inability to report to duty and the expected length of absence.

Staff have the right to their initial choice of healthcare provider. The employer (supervisor, Occupational Safety Department (OSD), or CWCU) must allow the IW to select a qualified healthcare provider, after advising them of those healthcare providers excluded under 20 CFR 10.815. A “provider search” is available via DOL’s website.

OSD must issue Form CA-16, Authorization for Examination and/or Treatment, within four hours of the claimed injury; however, after hours and on weekends, designated staff will issue a Form CA-16. Where there is no time to complete a Form CA-16, the employer should authorize medical treatment by telephone and send the completed form to the medical facility within 48 hours.

The employer is not required to issue a Form CA-16 more than one week after the occurrence of the claimed injury. The employer may not authorize examination or medical or other treatment in any case that OWCP has disallowed. The name and address of the medical provider must be written on the Form CA-16 prior to issuance. Refer to Attachment A, Commonly Used DOL Forms.

Form CA-16 or Form CA-20 “Attending Physician’s Report” may be used for the initial report. This report may also be provided in narrative form on the physician’s letterhead stationery. The report will bear the physician’s signature or signature stamp. Advanced Practice Providers (nurse practitioners and physician assistants) must be countersigned by a qualified physician. OWCP may require an original signature on the report.

The report must be submitted directly to OWCP, using DOL’s electronic transmission system, as soon as possible after medical examination or treatment is received.

To claim benefits under the FECA, staff who sustain a work-related traumatic injury must give notice of the injury by submitting a Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, using DOL's electronic transmission system.

The person submitting a notice must include the Social Security Number (SSN) of the injured staff member. To elect Continuation of Pay (COP), the IW needs to check box 15a on the Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation.

First time users of DOL's electronic transmission system are highly encouraged to access the FECA Claimant User Guides (U.S. Department of Labor). These tutorials are accessible in video format in the "HELP" section of DOL's electronic transmission system.

If incapacitated, the supervisor, OSD, or any management official will notify CWCUC, who may give notice of injury on behalf of the staff member.

The IW verifies the official employer's email address of the supervisor before submitting forms through DOL's electronic transmission system. They then complete and submit the appropriate forms through DOL's electronic transmission system.

After the COP period is exhausted, the staff member, or someone acting on their behalf, must file Form CA-7, Claim for Compensation before compensation can be paid to the IW by DOL. The staff filing a Form CA-7 is responsible for submitting or arranging for the submittal of medical evidence to OWCP which establishes both that disability continues, and that the disability is due to the work-related injury.

Staff who have an occupational disease/illness they believe to be work-related must give notice on Form CA-2, Notice of Occupational Disease and Claim for Compensation using DOL's electronic transmission system. Staff claiming injury under a Form CA-2 are not eligible for COP.

For periods of disability not covered by COP, the IW may elect to use accrued personal leave or OWCP leave without pay (LWOP). If OWCP/LWOP is elected, for time and attendance (T&A) purposes, the IW must submit a written request to their CEO, or designee. OWCP/LWOP in this context is expected to be approved when connected to the OWCP accepted condition pursuant to applicable laws/regulations.

If OWCP/LWOP is elected, the IW must complete and submit Form CA-7, using DOL's electronic transmission system. The system will forward the completed portion of the claim form to the supervisor and AR. DOL's electronic transmission system will not allow IWs to file a Form CA-7 for future dates. To ensure timely processing of this form, duplicate dates should not be filed.

To facilitate payment for the initial Form CA-7, a SF-1199A, Direct Deposit Sign-Up Form must be uploaded to DOL's electronic transmission system. This form may be obtained online from the "Forms" section of the DOL Federal Employees' Compensation Program.

Upon receipt of initial medical documentation, the IW will upload the documentation in DOL's electronic transmission system and forward a copy to the CWCU. If this initial medical documentation is not received within 10 calendar days, COP will be terminated, in which the staff member will then be keyed sick, annual, Absent Without Leave (AWOL), and/or LWOP. Where the medical evidence is later provided, however, COP will be reinstated retroactive to the date of termination.

The appropriate documentation being submitted in support of the absence should include the following information:

- Medical diagnosis
- Prognosis for recovery
- Projected treatment
- Restrictions, if appropriate

The IW provides a completed Form CA-17, Duty Status Report; OWCP-5a, Work Capacity Evaluation Psychiatric/Psychological Conditions; OWCP-5b, Work Capacity Evaluation Cardiovascular/Pulmonary Conditions; OWCP-5c, Work Capacity Evaluation Musculoskeletal Conditions, or the equivalent, to CWCU along with keeping their supervisor informed of appointments, work status and/or restriction(s).

If an LLD assignment has been made, the IW notifies the supervisor and CWCU when the LLD assignment is no longer necessary, or when medically cleared to return to duty if no LLD assignment, and provides a written release from the physician.

If an IW can resume regular federal employment, they must do so. No further compensation for wage loss is payable once the IW has recovered from the work-related injury to the extent they can perform the duties of the position held at the time of injury or earn equivalent wages.

The IW will be afforded the opportunity to attend the Workers' Compensation Committee (WCC) meeting telephonically or virtually. If the IW did not attend their WCC meeting, and they object to the LLD assignment, the supervisor and CWCU will confer as soon as practicable with the IW, to include their representative when applicable, to discuss the IW's objections.

If the IW's objections are not resolved, they will provide their objections in writing. CWCU will forward these objections to the WCC for reconsideration.

In the event the IW's objection(s) to the LLD are not resolved by the WCC, the LLD proposal and objection(s) are forwarded to DOL/OWCP/FECA for a suitability determination.

The facility is responsible for identifying areas for potential LLDs. Ordinarily the IW will maintain their regular shift and days off.

An IW who refuses or neglects to work after suitable work has been offered, has the burden to show this refusal or failure to work was reasonable or justified. Unacceptable refusal may result in OWCP terminating the staff member's entitlement to further compensation.

Unacceptable reasons for refusing an LLD offer as determined by OWCP:

- Personal dislike of assignment offered or work hours scheduled
- Lack of potential for promotion

4. SUPERVISOR'S RESPONSIBILITIES

When staff report a work-related injury or illness to their supervisor, the supervisor is required to:

- Ensure the IW is provided the opportunity to receive medical attention immediately (if necessary) and notify OSD and CWCU promptly.
- Per 20 CFR §10.300(d), 20 CFR §10.815 and 20 CFR §10.825(b), the supervisor, OSD, or CWCU should advise the IW of the right to their initial choice of physician and allow the IW to select a qualified physician. A "provider search" is available via DOL's website.
- If incapacitated, the supervisor, OSD, or any management official will notify CWCU, who may give notice of injury on behalf of the staff member.
- Provide instructions on how to access and use DOL's electronic transmission system, and review forms for completeness and accuracy as soon as possible to ensure proper filing in accordance with DOL regulations.
- Review Form CA-1 or Form CA-2, and Form CA-7 forms submitted by the IW and complete the supervisor portion of the form accurately and entirely. First time users of DOL's electronic transmission system are highly encouraged to access the Supervisor User Guides (U.S. Department of Labor) that include: Reviewing Forms CA-1, CA-2, CA-7, and CA-7a. These tutorials are accessible in video format in the "HELP" section of DOL's electronic transmission system.
- When completing the Form CA-7, Section 15, provide the Human Resource Department's (HRD) direct contact information in the section titled "If OWCP needs specific pay information, the person who should be contacted is."
- When completing the Form CA-1, Form CA-2, or Form CA-7, obtain salary information, to include additional pay types (e.g., differentials, premiums, retentions) and/or benefit information, including health and life insurance, from the HRD.

- Provide the IW with your Bureau or UNICOR email address.
- Use DOL's electronic transmission system as follows:
 - Click on the link in the email(s) to access the form in DOL's electronic transmission system.
 - Upload any available evidence pertaining to the IW's reported injury or illness.
 - Advise the IW of their responsibility to submit appropriate medical documentation of disability. If initial medical is not received within 10 calendar days, COP will be terminated, in which case the staff member will then be keyed sick, annual, AWOL, and/or LWOP. Where the medical evidence is later provided, however, COP will be reinstated retroactive to the date of termination.
 - Appropriate medical documentation must include the following:
 - Medical diagnosis
 - Prognosis for recovery
 - Projected treatment
 - Restrictions, if appropriate
- Advise the staff member of their responsibility to upload medical documentation in DOL's electronic transmission system and forward a copy to the CWCU. Provide the staff member with CWCU's contact information, which can be found on the Bureau's intranet site.
- Explain that an LLD assignment must be made available when documentation regarding medical restriction(s) is available and can be met. See Section 8 of this program statement for further information regarding LLD assignments.
- Meet with the WCC to discuss the restrictions, including the possibility of an LLD assignment. See Section 9 of this program statement for further information.
- Advise relevant supervisor(s) who have a need to know of the IW's restriction(s).

5. HUMAN RESOURCE DEPARTMENT RESPONSIBILITIES

HRD is the subject matter expert for issues related to pay and benefits; therefore, they review requests for salary information on IWs and provide such information to CWCU and supervisory staff, as necessary, to process claim forms.

HRD will respond to communication from DOL and CWCU promptly, but no later than two business days from the date of request.

HRD staff must:

- Provide guidance to the IW and management about the relationship between OWCP benefits and disability retirement.
- Provide salary, premiums (Sunday pay, night differential, holiday, retention, etc.), and benefits information, to include health and life insurance, to supervisors as needed, for completion of DOL claims forms promptly, but no later than two business days from the date of request.

OWCP documentation may only be used by HRD if provided by the IW and noted on the document as such. Information obtained under 29 CFR § 1630.14(c) states:

- (c) ***Examination of employees.*** A covered entity may require a medical examination (and/or inquiry) of an employee that is job-related and consistent with business necessity. A covered entity may make inquiries into the ability of an employee to perform job-related functions.
- (1) Information obtained under paragraph (c) of this section regarding the medical condition or history of any employee shall be collected and maintained on separate forms and in separate medical files and be treated as a confidential medical record, except that:
- (i) Supervisors and managers may be informed regarding necessary restrictions on the work or duties of the employee and necessary accommodations;
 - (ii) First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment; and
 - (iii) Government officials investigating compliance with this part shall be provided relevant information on request.

After notification by CWCUCU of the staff member's placement in compensation status, HRD ensures personnel actions are forwarded for processing, including:

- Documentation of non-pay status
- Pay actions
- Restorations to duty
- Transfers of health and life insurance benefits to OWCP utilizing SF-2810, Notice of Change in Health Benefits Enrollment

HRD advises and assists the IW regarding the effects of being in a non-pay status, including the impact on:

- Health/Life insurance
 - Dental, Vision, Flexible Spending, and Long-term Care (Benefeds Programs)
- Thrift Savings Plan accounts/contributions
- Within-grade increases
- Leave accrual
- Retirement
 - Creditable service
- Buying back annual or sick leave used in lieu of compensation
- Permanent disability

6. OCCUPATIONAL SAFETY DEPARTMENT RESPONSIBILITIES

OSD must issue Form CA-16, Authorization for Examination and/or Treatment, within four hours of the claimed injury; however, after hours and on weekends, designated staff will issue the Form CA-16. Where there is no time to complete a Form CA-16, the employer should authorize medical treatment by telephone and send the completed form to the medical facility within 48 hours. The employer is not required to issue a Form CA-16 more than one week after the occurrence of the claimed injury. The employer may not authorize examination or medical or other treatment in any case that OWCP has disallowed. The name and address of the medical provider must be written on the Form CA-16 prior to issuance. Refer to Attachment A, Commonly Used DOL Forms.

The supervisor, OSD or CWCU should advise the staff member of their right to their initial choice of physician. The employer must allow the IW to select a qualified physician, after advising them of those physicians excluded under 20 CFR 10.815. A “provider search” is available via DOL’s website; a list of physicians will not be provided by the employer.

If the IW is incapacitated, the supervisor, OSD, or any management official will notify CWCU, who may give notice of injury on behalf of the staff member.

Upon receipt, documentation received from the DOL must be forwarded to the CWCU promptly, but no later than two working days.

The local OSD will be available for information and instructions on filing a Federal Workers’ Compensation claim.

7. CENTRALIZED WORKERS’ COMPENSATION UNIT (CWCU) RESPONSIBILITIES

CWCU will:

- Assume responsibility for all OWCP cases from date of submission.
- Become the AR and the primary focal point of contact for the IW and the field.
- When appropriate medical restrictions are available, the CWCU will advise the local WCC Chair to schedule a meeting to discuss a possible LLD assignment.
- In compliance with 20 CFR 10.110 and 10.111, CWCU reviews and submits the Form CA-1, Federal Employee’s Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, or Form CA-2, Notice of Occupational Disease and Claim for Compensation, to OWCP within 10 workdays of the date the staff member submitted it . CWCU will contact management if the supervisor portion is not complete by the eighth business day.
- Upon receipt of Form CA-7 from the IW, or someone acting on their behalf, the supervisor and CWCU will complete the appropriate portions of the form. As soon as possible, but no

more than five working days after receipt from the IW, forward the completed Form CA-7 and any accompanying medical report to OWCP. CWCUCU will contact the appropriate CEO if the supervisor portion is not complete by the fourth business day.

- Maintain contact with the IW and assist both the IW and the field as dictated by 20 CFR 10.
- Provide basic technical assistance and OWCP procedure guidance to managers and IWs Bureau-wide on assigned cases.
- For Central Office Divisions and Training Locations, CWCUCU must issue Form CA-16, Authorization for Examination and/or Treatment within four hours of the claimed injury; however, after hours and on weekends, designated staff will issue the Form CA-16. The employer is not required to issue a Form CA-16 more than one week after the occurrence of the claimed injury. The employer may not authorize examination, medical or other treatment in any case that OWCP has disallowed.
- The supervisor, OSD, or CWCUCU should advise the staff member of their right to their initial choice of physician. The employer must allow the IW to select a qualified physician after advising them of those physicians excluded under 20 CFR 10.815. A “provider search” is available via DOL’s website.
- If an LLD assignment is approved by the WCC, CWCUCU will complete the LLD letter to be signed by the CEO, or designee.
- CWCUCU will make any LLD offer verbally and provide the LLD letter to the IW within two business days of the verbal LLD offer.
- A copy of any LLD offer made to an IW will be sent to the supervisor for their records.
- DOL Form CA-17, Duty Status Report; OWCP-5a, Work Capacity Evaluation Psychiatric/Psychological Conditions; OWCP-5b, Work Capacity Evaluation Cardiovascular/Pulmonary Conditions; OWCP-5c, Work Capacity Evaluation Musculoskeletal Conditions, or equivalent should be used to obtain interim reports concerning the duty status of an IW with a disabling injury or illness.
- To help return an IW to suitable employment, CWCUCU may also contact the IW’s physician in writing concerning the work limitations imposed by the effects of the injury and possible job assignments. However, the employer must not contact the physician by telephone or through a personal visit. When such contact is made, the CWCUCU must send a copy of any such correspondence to OWCP and the IW, as well as a copy of the physician’s response. The employer may also contact the IW at reasonable intervals to request periodic medical reports addressing their ability to return to work in some capacity. Reasonable intervals are typically at every follow-up appointment.
- CWCUCU uses DOL’s electronic transmission system as follows:
 - CWCUCU completes the AR portion of the form filed through DOL’s electronic transmission system.
 - The AR may edit information entered by the supervisor, but not the staff member.
 - When notified by the institution, the AR may also file the Form CA-1, Federal Employee’s Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, on behalf of the staff member in DOL’s electronic transmission system, if the staff member is incapacitated.

- CWCUC maintains contact with the IW and assists both the IW and management as necessary.
- CWCUC takes minutes of committee meetings and distributes the minutes to relevant institution personnel.

8. LIMITED LIGHT DUTY (LLD)

LLD is meant to provide a temporary, not permanent, arrangement for an IW to continue working while recovering from an injury/illness.

Examples of LLD assignments may include assignment to a position that requires limited to no interaction with inmates or can include partial (less than eight-hour) workdays, as the needs of the injured/ill staff member and the institution indicate. During the time the IW is on LLD, if requested, ample time will be provided for medical and physical therapy appointments. For a routine medical appointment, a maximum of four hours of compensation is usually allowed. More than four hours may be used with DOL's prior approval.

9. WORKERS' COMPENSATION COMMITTEE'S (WCC) RESPONSIBILITIES

When appropriate medical restrictions are available, the CWCUC will advise the WCC Chair to schedule a meeting to discuss a possible LLD assignment.

Each institution must establish a WCC to include:

- Associate Warden (Chair)
- OSD
- HRD
- IW's supervisor, only to be present during discussion of the subordinate's case
- Designated representative, only if requested by IW for discussion of the specific case
- CWCUC

Non-institution facilities:

- Executive staff member or designee (Chair)
- HRD
- Regional Safety Administrator for Regional Office staff
- IW's supervisor, only to be present during discussion of the subordinate's case
- CWCUC
- Designated representative, only if requested by IW for discussion of the specific case

The IW will be afforded the opportunity to attend the WCC meeting telephonically or virtually. The IW will be notified of the meeting by the institution/facility scheduling the meeting.

All WCC members must maintain confidentiality regarding case discussions whether participating virtually or in person. The WCC is authorized access to the IW's medical information only as needed to discuss the IW's specific limitations and restrictions as set forth by the attending physician and the relationship to the LLD, unless such access by the WCC to information is permissible under the routine use of OWCP case file information under DOL regulations.

a. **Meetings.** The WCC will meet as determined by CWCU to discuss LLD assignments.

The facility is responsible for conducting WCC meetings in a location that provides clear audio communication for CWCU and other WCC members attending virtually.

A WCC can be convened same day if all members are available. If not, meetings can be scheduled the next working day or later, but no more than two working days from time notified by CWCU.

CWCU takes minutes of WCC meetings and distributes the minutes to relevant institution personnel.

b. **Case Responsibilities.** The WCC will:

- Review and assess the IW's current and projected medical status. All possibilities for facilitating a return to work must be explored.
- The facility is responsible for identifying the possibilities of LLDs. Ordinarily the IW will maintain their regular shift and days off.
- If an LLD assignment is approved, CWCU will complete the LLD letter to be signed by the CEO, or designee.
- An addendum may be appropriate for minimal changes to an existing LLD letter; however, any change in job assignment, hours, shift, or day off will require another WCC meeting.

10. EXCLUSIVITY OF REMEDY

Pursuant to federal statute, benefits provided under the FECA constitute the sole remedy against the United States for work-related injury or death. The FECA holds that a federal employee or surviving dependent is not entitled to sue the U.S. Government or recover damages for such injury or death under any other statute.

11. PENALTIES

Several statutory provisions make it a crime to file a false or fraudulent claim or statement with the U.S. Government in connection with a claim under the FECA, or to wrongfully impede a FECA claim. Included among these provisions are 18 U.S.C. § 287, 1001, 1920, and 1922.

Furthermore, a civil action to recover benefits paid erroneously under the FECA may be maintained under The False Claims Act, 31 U.S.C. § 3729-3733.

Enforcement of such provisions that may apply to claims under the FECA is within the jurisdiction of the Department of Justice and under appropriate provisions. Individuals found guilty under these federal statutes can be imprisoned up to 5 years and/or fined up to \$250,000.

12. RECORDS

Individual case files are protected under the Privacy Act of 1974, and only the IW, their representative (if any), and CWCUC can access DOL electronic files. All personnel who are involved with OWCP must comply with DOL/GOVT-1, Privacy Act of 1974, and Systems of Records regulations. IW's seeking copies of their official FECA file can access it through ECOMP.

REFERENCES

Program Statements

None Referenced

Federal Statutes

5 U.S.C. § 8101

18 U.S.C. § 286

18 U.S.C. § 287

18 U.S.C. § 1001

18 U.S.C. § 1920

18 U.S.C. § 1922

Privacy Act of 1974, 5 U.S.C. § 552a

The False Claims Act, 31 U.S.C. § 3729-3733

Federal Regulations

Federal Employees' Compensation Act, 20 CFR Part 10

29 CFR § 1630.14(c)

Other References

U.S. Department of Labor, Office of Workers' Compensation Programs. (n.d.). *FECA Claimant User Guides*.

U.S. Department of Labor, Office of Workers' Compensation Programs. (n.d.). *Supervisor User Guides*.

Other Forms

Form CA-1 Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation

Form CA-2 Notice of Occupational Disease and Claim for Compensation

Form CA-7 Claim for Compensation

Form CA-7a Time Analysis Form

Form CA-16 Authorization for Examination and/or Treatment

Form CA-17 Duty Status Report

OWCP-5a Work Capacity Evaluation Psychiatric/Psychological Conditions

OWCP-5b Work Capacity Evaluation Cardiovascular/Pulmonary Conditions

OWCP-5c Work Capacity Evaluation Musculoskeletal Conditions

SF-1199A Direct Deposit Sign-Up Form

SF-2810 Notice of Change in Health Benefits Enrollment

ACA Standards

Performance-Based Standards and Expected Practices for Adult Correctional Institutions (5th Edition): 5-ACI-1B-17.

Performance-Based Standards and Expected Practices for Adult Local Detention Facilities (5th Edition): 5-ALDF-7D-16.

Standards for the Administration of Correctional Agencies, 2nd Edition: 2-CO-1C-05.

Records Retention Requirements

Requirements and retention guidance for records and information applicable to this program are available in the Records and Information Disposition Schedule (RIDS) on the Bureau's intranet site.

Attachment A. Commonly Used DOL Forms

Form Number	Form Title	Purpose	Prepared By	When Submitted	Completed Forms Sent To
CA-1	Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation	The staff has sustained a traumatic injury during single day or work shift that is likely to result in a medical charge against the compensation fund.	Staff or someone acting on staff's behalf.	By staff or representative within 30 days, but will meet statutory requirements if filed no later than three years after the injury, to the employer. The employer submits completed documents within 10 workdays following receipt of the form from the staff.	Supervisor by staff or someone acting on staff's behalf; then to OWCP by AR.
CA-2	Notice of Occupational Disease and Claim for Compensation	Notifies supervisor of an occupational disease and serves as the report to OWCP when: (1) the disease is likely to result in a medical charge against the compensation fund; (2) the staff loses time from work on any day after the injury date, whether the time is charged to leave or leave without pay; (3) disability for work may subsequently occur; (4) permanent impairment appears likely; or (5) serious disfigurement of the face, head, or neck is likely to result.	Staff or someone acting on staff's behalf; witness (if any); supervisor.	By staff within 30 days, but will meet statutory requirements if filed no later than three years after last exposure to the conditions causing the disease or awareness of a relationship between the disease and federal employment; by supervisor within 10 workdays following receipt of the form from the staff.	Supervisor by staff or someone acting on staff's behalf; then to OWCP by AR.
CA-7	Claim for Compensation	Claims compensation for: (1) leave without pay due to injury-related disability or absence to obtain medical treatment; (2) repurchase of sick or annual leave used due to injury-related disability or absence to obtain medical treatment; (3) loss of wage-earning capacity resulting from the work injury; (4) schedule award for permanent impairment resulting from the work injury.	Staff and supervisor or injury compensation specialist.	By staff as soon as possible following wage loss or awareness of impairment; by supervisor or injury compensation specialist within five workdays of receipt from staff.	Supervisor by staff or someone acting on staff's behalf; then to OWCP by AR.
CA-16	Authorization for Examination and/or Treatment	Authorizes an injured staff to obtain immediate examination and/or treatment from a physician chosen by the staff for an on-the-job injury and provides OWCP with initial medical report. Treatment may be obtained from a local hospital or physician.	Part A: Authorizing Official. Part B: Attending physician.	Part A: By supervisor within four hours of a traumatic injury. May be issued up to one week after injury. Part B: By attending physician or medical facility as promptly as possible after initial examination.	Part A: Given to Staff. Completed form sent to OWCP.
CA-17	Duty Status Report	Provides supervisor and OWCP with interim medical report containing information on staff's ability to return to work and physical limitations.	Side A: Authorizing Official. Side B: Attending physician.	Promptly upon completion of examination.	Original to employer; copy to OWCP mail address.
CA-20	Attending Physician's Report	Provides medical support for claim and is attached to Form CA-7 (can also be obtained or submitted separately); provides OWCP with medical information. If a narrative medical report or Form CA-16 has been submitted to OWCP within the past 10 days, this form is not needed.	Attending physician.	Promptly upon completion of examination.	OWCP, if attached to form CA-7; OWCP.
OWCP-5 (a-c)	Work Capacity Evaluation (Psych, Cardio/ Pulmonary, or Ortho)	Provides supervisor and OWCP with interim medical report containing information on staff's ability to return to work and physical limitations.	Attending physician and/or specialist	Promptly upon completion of examination.	Original to employing agency; copy to OWCP.