Workers' Compensation Frequently Asked Questions
For Supervisors

The Department of Labor’s Office of Workers’ Compensation Programs (OWCP) has the exclusive authority to administer, interpret, and enforce all provisions of the Federal Employees’ Compensation Act (FECA).

Whether an injury or illness will be accepted as a valid claim is dependent on a number of factors that will be taken under consideration by your Workers' Compensation Claims Examiner. The agency has no authority to accept or deny a claim. Your agency is required under law to provide all requested information to Workers' Compensation and to provide any relevant, factual evidence required to assist your agency and Workers' Compensation in the process.

- How Do I respond to a CA-1, Traumatic Injury Claim?
- How Do I respond to a CA-2, Occupational Disease Claim?
- How do I respond to a CA-2a, Recurrence of Injury Claim?
- How Do I respond to a CA-7, Claims for Compensation?
- What are my responsibilities regarding Continuation of Pay (COP)?
- How should injuries that occur on travel status be handled?
- How do I challenge a claim?
- What are my responsibilities for offering light duty positions?

**How do I respond to a CA-1 traumatic injury claim?**

Traumatic Injury is defined as a wound or other condition of the body caused by external force, including stress or strain. The injury must occur at a specific time and place, and it must affect a specific member(s) or function(s) of the body. The injury must be caused by a specific event or incident, or a series of events or incidents, within a single day or work shift.

When you are presented with a claim, you are accountable for meeting all statutory requirements under the Federal Employee’s Compensation Act (FECA). You are also accountable if you fail to meet your obligations as outlined in 18 U.S.C.1922:

- If you willfully fail, neglect, or refuse to complete any of the workers’ compensation reports, knowingly file a false report, induce, compel, or direct an injured employee to forego filing of any claim or other benefit provided, or willfully retain any notice, report, claim or paper which is required to be filed, you could face a fine and/or imprisonment if found guilty of violating the above guidelines.

Throughout the process, you should treat your employee with dignity and respect. The majority of claims to the Department of Labor (DOL) are valid claims. The majority of employees who file claims are seeking only those benefits that are due them and are not trying to take advantage of the system.
The employee bears the burden of proving the claim. You cannot assume this particular responsibility. You should; however, assist them in this process by giving the employee the appropriate forms needed to file a claim, provide the employee with access to the information they need to educate themselves about the process, make sure you sign and submit the appropriate forms and/or information to the ARC Workers’ Compensation Group in a timely fashion. Conflicts may arise when an employee believes he is entitled to benefits that are not afforded him or her. An employee’s misconception about entitlement to benefits, or his or her failure to provide sufficient evidence of a claim, does not automatically mean the employee is intentionally trying to defraud the government. On the other hand, you may encounter situations in which the evidence you have indicates that the employee is intentionally trying to abuse the system. In these situations, it is particularly critical that you understand what you, as the supervisor, should do to document and submit your concerns.

**How do I respond to a CA-2, Occupational Disease Claim?**

An occupational disease is a condition produced by the work environment over a period longer than one workday or shift. The condition may result from infection, repeated stress or strain, or repeated exposure to toxins, poisons, fumes or other continuing conditions of the work environment.

When you are presented with a CA-2 claim, you assume the role of “agency representative.” You should approach this responsibility seriously. You are accountable for meeting all statutory requirements under the Federal Employee’s Compensation Act (FECA). You are also accountable if you fail to meet your obligations as outlined in 18 U.S.C.1922:

- If you willfully fail, neglect, or refuse to complete any of the workers’ compensation reports, knowingly file a false report, induce, compel, or direct an injured employee to forego filing of any claim or other benefit provided, or willfully retain any notice, report, claim or paper which is required to be filed, you could face a fine and/or imprisonment if found guilty of violating the above guidelines.

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Conflicts may arise when an employee incorrectly believes they are entitled to a claim. Being incorrect about entitlement, or failing to provide sufficient evidence of a claim, does not mean the employee intentionally tried to defraud the government. Of course, you may encounter a situation in which the employee is intentionally trying to abuse the system. In these situations, it is particularly critical that you understand what you should do to represent your agency.

**How do I respond to a CA-2a, Recurrence of Injury Claim?**

A Recurrence of the Medical Condition is the documented need for additional medical treatment after release from treatment for the accepted work-related injury or condition.

A Recurrence of Disability is:

- A spontaneous return or increase of disability without intervening cause
- A return or increase of disability due to a consequential injury (one that occurs due to weakness or impairment caused by the work-related injury) or
• Withdrawal of a specific light duty assignment when the employee cannot perform the full duties of the position. The withdrawal must occur for reasons other than misconduct or non-performance of job duties.

You are accountable for meeting all statutory requirements under the Federal Employees’ Compensation Act. You are also accountable if you fail to meet your obligations as outlined in 18 U.S.C. 1922:

• If you willfully fail, neglect, or refuse to complete any of the workers’ compensation reports, knowingly file a false report, induce, compel, or direct an injured employee to forego filing of any claim or other benefit provided, or willfully retain any notice, report, claim or paper which is required to be filed, you could face a fine and/or imprisonment if found guilty of violating the above guidelines.

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**How do I respond to a CA-7, Claim for Compensation?**

**Types of Compensation:**

Employees are eligible for a number of compensation options after a traumatic injury or occupational disease claim is accepted which include the following: Temporary Disability Compensation, Permanent Disability Compensation, Partial Disability (loss of wage earning capacity), Total Disability (loss of all wage earning capacity), Schedule Awards for permanent loss of body part or function, and Survivor Death Benefits if the employees dies as a result of a work-related injury. Each of these types of compensation will be explained in detail below:

• **Temporary Disability Compensation**

  **Traumatic Injury Claims:** Immediately following a traumatic injury, an employee may be eligible for 45 days of continuation of pay (COP) at his current pay rate. If the employee’s disability extends beyond those 45 days, he may request disability compensation through the Department of Labor (DOL). Compensation is requested through the Claim for Compensation (CA-7) form. If intermittent leave is required due to medical appointments and/or part-time hours, a Time Analysis Form (CA-7a) is also required. Temporary disability compensation can also be requested for other wage loss – i.e. loss of night differential, premium pay, or reassignment to another position.

  **Occupational Disease Claims:** Employees filing occupational disease claims are ineligible for COP. Compensation is requested through the CA-7 form. If intermittent leave is required due to medical appointments and/or part-time hours, a Time Analysis Form (CA-7a) is also required.

• **Partial Disability Compensation**
An employee who has returned to work in a position that results in a permanent loss of wages due to his or her disability may apply for compensation for the wage loss. In addition to requesting compensation through the CA-7 form completed by the employee and supervisor, documentation of the wage loss must also be supported through documentation of the official personnel action and through submitted medical evidence.

- **Permanent Disability Compensation**
  When the DOL determines that an individual’s disability is long-term or permanent, he or she will be placed on the DOL’s “periodic roll.” This will eliminate the requirement that the CA-7 be submitted to the supervisor. Compensation payments will be automatically processed and distributed to the injured employee.

- **Schedule Awards**
  Employees are not required to submit schedule award compensation claims through their supervisor. The only obligation a supervisor may have is to verify salary, if necessary.

- **Survivor Death Benefits**
  If an employee dies as a result of an alleged work-related injury or illness, you will be required to complete an Official Superior’s Report of Employee’s Death, CA-6. Please notify the ARC Workers’ Compensation Group immediately so the appropriate forms (CA-5 or CA-5b) can be forwarded to the employee’s survivors.

As the supervisor you need to complete the supervisory sections of the CA-7 and the CA-7a as requested by the employee. These forms provide specific guidance to supervisors. Claims for Compensation presented to supervisors must be submitted to the DOL within five (5) working days. Fax the signed forms to the ARC Workers’ Compensation Group as soon as possible to ensure deadlines are met. A few things to remember are there is a three-day waiting period (for which compensation will not be paid) applied to the direct salary compensation process, unless the total period for which compensation is requested exceeds 14 calendar days, CA-7’s must be submitted bi-weekly until otherwise notified by DOL, Every period (day or hour) for which compensation is requested must be documented with medical evidence justifying the need for the absence, and supervisors cannot deny requests for compensation for accepted claims. The Department of Labor has final authority regarding eligibility for payment.

**What are my responsibilities regarding Continuation of Pay (COP)?**

Continuation of Pay (also referred to as injury leave) is defined as a continuation of regular pay for up to 45 calendar days due to disability or medical appointments related to a traumatic injury. The intent of providing this pay is to avoid interruption of pay while a determination is made on the validity of the claim. COP is paid by the agency not the Office of Workers’ Compensation Programs (OWCP). It is important to track the number of days (whole days or part of a day) that apply toward the 45-day COP entitlement and the total number of hours of "injury leave" paid for any one injury.

The COP entitlement period begins the first day or shift after the date of injury that the employee is scheduled to work. However, the employee may choose to begin using COP anytime during the 45-day period that follows the date of injury. Any time lost on the date of injury, should be charged to administrative leave.

Continuation of Pay is computed in whole days beginning on the first day after the injury date. COP entitlement should be charged for weekends and holidays if the medical evidence shows that the employee was disabled on the days in question. (i.e. the employee did not work Friday and Monday.) If an employee is only absent from work for 2 hours for a medical appointment, the COP entitlement is still calculated as one whole day.

When an employee is absent from work an entire shift, he or she is paid injury leave for the entire shift. When the employee is absent for part of a shift due to an injury, he or she is expected to only use the injury leave for hours absent. For example, if an injured employee needs three hours of leave for physical therapy, he or she will be paid injury leave for those three hours only, not for the entire shift.
The ARC Workers' Compensation Group will work closely with supervisors, timekeepers, and employees to ensure that COP hours are documented appropriately (recorded correctly on the timecard) and that COP is used only within the established entitlement period. As the circumstances of the employee’s absence change (i.e. extension of time off, return to work, request for light/modified duty), copies of appropriate documents, time records, etc. should be forwarded to the Workers’ Compensation Group at ARC.

The Continuation of Pay will end for one of the following reasons:

- The 45-day entitlement to COP is exhausted.
- The Department of Labor makes a final determination regarding the status of the claim. If the claim is denied, then the employee will be responsible for “paying back” the injury leave.
- When the employee does not provide appropriate medical documentation within 10 workdays of the injury. If the supervisor is satisfied that the employee sustained a disabling traumatic injury, the 10 workday requirement may be waived.
- The employee returns to regular duty.
- The employee returns to light/modified duty with no loss in pay.
- The employee refuses a suitable light/modified duty position.

The agency is not required to pay COP if you have factual evidence that one of the following situations exists (Notify the ARC Workers' Compensation Group before denying COP):

- The disability was not caused by a traumatic injury.
- The employee is not a citizen of the United States or Canada.
- No written claim was filed within 30 days from the date of injury.
- The injury was not reported until after employment has been terminated.
- The injury occurred off the employing agency's premises and was otherwise not within the performance of official duties.
- The injury was caused by the employee's willful misconduct, intent to injure or kill himself or herself or another person, or was proximately caused by intoxication by alcohol or illegal drugs.
- Work did not stop until more than 45 days following the injury.

What happens if the employee does not return to work at the end of the 45-days?

If the employee provides appropriate medical documentation indicating that they are still unable to return to regular duty, and no suitable light/modified duty can be given, the employee will be informed that they have several options for continued absence. Continued absence may occur by applying to use their own annual or sick leave, request leave without pay (LWOP), or the supervisor makes a determination that absence without leave (AWOL) is appropriate.

**CRITICAL QUESTIONS AND ANSWERS:**

Can I require that the employee take annual or sick leave instead of COP?

No. If the employee is entitled to COP, they have the choice of taking COP instead of annual or sick leave.

What should I do if the employee doesn’t want to use injury leave?

The employee is not required to use injury leave. They may wish to elect annual or sick leave to cover all or part of an absence due to injury. However, if the employee elects to use his or her own leave, each full or partial day for which leave is taken will be counted against the 45 allotted COP days.

What if we dispute the workers' compensation claim or payment of COP for reasons other than what are outlined above?

You must allow the employee to use COP until OWCP makes a final determination.

What if the employee returns to work but there is a recurrence and they go off duty again?
If an employee has returned to work without using his entire 45 days of injury leave and suffers a recurrence of the injury, he may be eligible to use the rest of his 45 days of injury leave. Contact the ARC Workers’ Compensation Group for COP guidance in the event of a recurrence.

**How should injuries that occur on travel status be handled?**

If an employee contacts you while on travel status, and informs you that he or she has been injured or is ill, how will you respond? Should you assume the illness or injury is work-related without question and authorize medical treatment? Certainly, the immediate response would be to ensure that the employee seeks appropriate medical attention. **Before you respond,** consider the following misconceptions:

- Being in travel status automatically qualifies someone for a CA-16, Authorization for Medical Examination and/or Treatment.
- Being in travel status automatically gives you 24-hour coverage for injuries AND you are guaranteed entitlement.

On the contrary, if the employee is injured while on travel status, he or she may be eligible for benefits, including authorization for medical treatment, but not under all circumstances. Also, while it is true that coverage is extended to “24 HOUR COVERAGE,” such coverage is only extended for those activities that are incidental to the travel— for instance, an injury occurs when eating, or traveling to and from the hotel. If the facts show that the employee was involved in recreational or personal errands, the claim will be denied as not being in the performance of duties.

*Note: You may not stop the employee from filing a claim or impede the progress of the claim even if you suspect it will be denied by DOL.*

**The criteria applied by the DOL to accept a claim for a work-related injury sustained while in a travel status remains the same as the criteria applied for work-related claims for injuries sustained on the agency premises.**

The Office of Workers’ Compensation Programs (OWCP) will still review the validity of a claim for injury sustained on official travel just as it would any other claim. All “Five Elements of Review” must be met:

- Is the employee a civil employee as defined in the Code of Federal Regulations?
- Is the claim filed timely? (For COP entitlement, claim must be filed within 30 days of the injury and for other benefits the claim must be filed within three years, unless the immediate supervisor had actual knowledge of the injury within 30 days of the occurrence.)
- Can the employee prove Fact of Injury? (Factual – Employee provided evidence that the injury occurred and Medical – A medical diagnosis from a “qualified” physician.)
- Can the employee prove Performance of Duty: what they were doing at the time of injury was related to their employment?
- Can the employee prove Causal Relationship: evidence that the medical condition or disability was caused by or was related to their federal employment. **Travel authorization documentation must be submitted with the claim for injury.**

**How do I challenge a claim?**

**“Controverting” Continuation of Pay (COP) versus “Challenging” Claims:**

Two terms are used to describe the processes by which a supervisor contests claims submitted to the Office of Workers’ Compensation Programs (OWCP). Depending on the circumstances, you may “controvert” the payment of COP and/or “challenge” the validity of the claim.

**When is it appropriate to “controvert” Continuation of Pay?**

Your agency can refuse to pay COP, if the following situations arise:
• The disability was not caused by a traumatic injury.
• The employee is not a citizen of the United States or Canada.
• No written claim (CA-1) was filed within 30 days from the date of injury.
• The injury was not reported until after employment has been terminated.
• The injury occurred off the employing agency's premises and was otherwise not within the performance of official duties.
• The injury was caused by the employee's willful misconduct, intent to injure or kill himself or herself or another person, or was proximately caused by intoxication by alcohol or illegal drugs.
• Work did not stop until more than 45 days following the injury.

You are required to administratively “controvert” COP through the claim process. You will attach factual evidence supporting your reason for denying the COP. The Office of Workers' Compensation will make the final decision regarding your agency’s obligation to pay COP. If your decision to withhold COP was incorrectly made, you will be required to reinstate the COP to the employee.

Conversely, there will be situations that arise, in which you cannot refuse the initial payment of COP, despite circumstances that you believe are questionable. You must authorize COP (if supported by appropriate medical documentation), and then controvert the COP and/or challenge to the validity of the claim. If you are successful in contesting either, your employee will be required to change the COP back to annual leave, sick leave, or leave without pay (LWOP).

When is it appropriate to “challenge” a claim?
The “Five Elements of Review” that must be considered by the OWCP Claim Examiner, to determine the validity of a claim are:

- The employee is a civil service employee as defined in the Code of Federal Regulations;
- The employee filed the claim timely. For COP entitlement, the claim was filed within 30 days of the injury. For other benefits, the claim was filed within three years, unless the immediate supervisor had actual knowledge of the injury within 30 days of the occurrence.
- Fact of Injury. Factual - The employee provides evidence that the injury occurred and Medically - The employee provides medical evidence that the injured occurred from a “qualified” physician.
- Performance of Duty: The employee provides evidence that what they were doing at the time of injury was related to his or her employment.
- Causal Relationship: The employee provides medical evidence that the medical condition or disability was caused by or is related to his or her federal employment.

If you have any factual evidence that contradicts the above criteria, you must officially challenge the claim. The ARC Workers’ Compensation Specialist will assist you in developing this documentation. Examples of factual evidence, which could be used (either to support or contest a claim) include, but are not limited to: witness statements, training records, position descriptions, accident investigations, agency directives and/or procedures, maps and/or photographs, police reports, etc.

You should be open with your employee when you challenge his claim. Notify him or her that you plan to challenge the claim and provide him or her with your reasons. As previously stated, this is a non-adversarial situation. Simply explain to the employee that you are bound by the Federal Employees’ Compensation Act (FECA) regulations to provide the evidence you have. The OWCP will make the final determination. If OWCP denies a claim, or denies specific benefits to a claim, it will provide a written notice to the employee instructing him on his appeal rights. The agency does not have the right to appeal the acceptance of a claim. For this reason, it is critical to provide all appropriate evidence when a claim is initially filed and to respond immediately to any subsequent inquiries from the OWCP.

FRAUDULENT ACTIVITIES:
Per 18 USC 1920, employees who file claims cannot knowingly and willfully falsify, conceal, or cover up a material fact or knowingly make false, fictitious, or fraudulent statements, or use such statements from
If you are faced with a situation in which you have evidence that an employee is intentionally trying to misrepresent him or herself, contact ARC Workers' Compensation Group and your senior management before discussing your concerns with the employee.

**What are my responsibilities for offering light duty positions?**

**REFERENCE: 5 C.F.R. Part 353:**

Agencies must make every effort to restore in the local commuting area, according to the circumstances in each case, an individual who has partially recovered from a compensable injury and who is able to return to limited duty. At a minimum, this would mean treating these employees substantially the same as other handicapped individuals under the Rehabilitation Act of 1973, as amended. (See 29 U.S.C. 791(b) and 794.) If the individual fully recovers, he or she is entitled to be considered for the position held at the time of injury, or an equivalent one. *A partially recovered employee is expected to seek reemployment as soon as he or she is able.*

**KEY POINTS:**

- If you provide an appropriate temporary or light duty job, along with support in accommodating the employee’s return, early return to work can enhance both the psychological and physical recovery of that employee according to the American Occupational Medicine Association.
- Injured employees, even with physical limitations, are valuable assets to your organization and overall mission, if they are properly utilized in fulfilling specific tasks that contribute to the organization’s mission.
- An employee MUST accept any light duty position, offered by the Agency, that meets the attending physician’s statement of physical limitations or the employee may lose eligibility for compensation benefits. To be effective in controlling unnecessary costs, Agencies MUST provide limited duty, if medically feasible.
- Agencies are being measured in their ability to reduce injury and illness rates through the President’s POWER Initiative.

**PROCESS:**

Through the ARC Instructions, injured employees are notified in writing of their responsibility to return to work as soon as medically feasible. You should also be communicating with them on a regular basis, checking on their well being and inquiring about their return to work status.

At the beginning of the claim process, the employee is provided with a Duty Status Report form (CA-17) and instructed to obtain your assistance in providing their physician with appropriate information concerning the physical requirements of their job. If the employee provides you with work restrictions, you must evaluate your ability to accommodate the request.

Throughout the life of the claim, the ARC WC Specialist will be resubmitting a copy of the initial Duty Status Report to the health care provider to determine if there are any changes in the employee’s ability to return to work, with or without accommodations.

Whenever a modification in a job must be made, FECA’s regulations require that a “suitable job offer” be put in writing. The employee’s acceptance and/or declination of the job offer will also be requested in writing as well. Such offers will include the following:

- A description of the duties to be performed.
- The specific physical requirements of the position and any special demands of the workload or unusual working conditions.
- The organizational and geographical location of the job.
- The date on which the job will first be available and when it will end.
- The work schedule to be followed.
- The date by which a response to the job offer is required.

The ARC Workers’ Compensation Group will assist you in offering modified jobs and meeting your statutory obligations as outlined above.

**Where can I get more information?**

For more information about the Occupational Workers' Compensation Program (OWCP), please contact the Workers' Compensation Group by email at WorkersComp@fiscal.treasury.gov or (304) 480-8389.