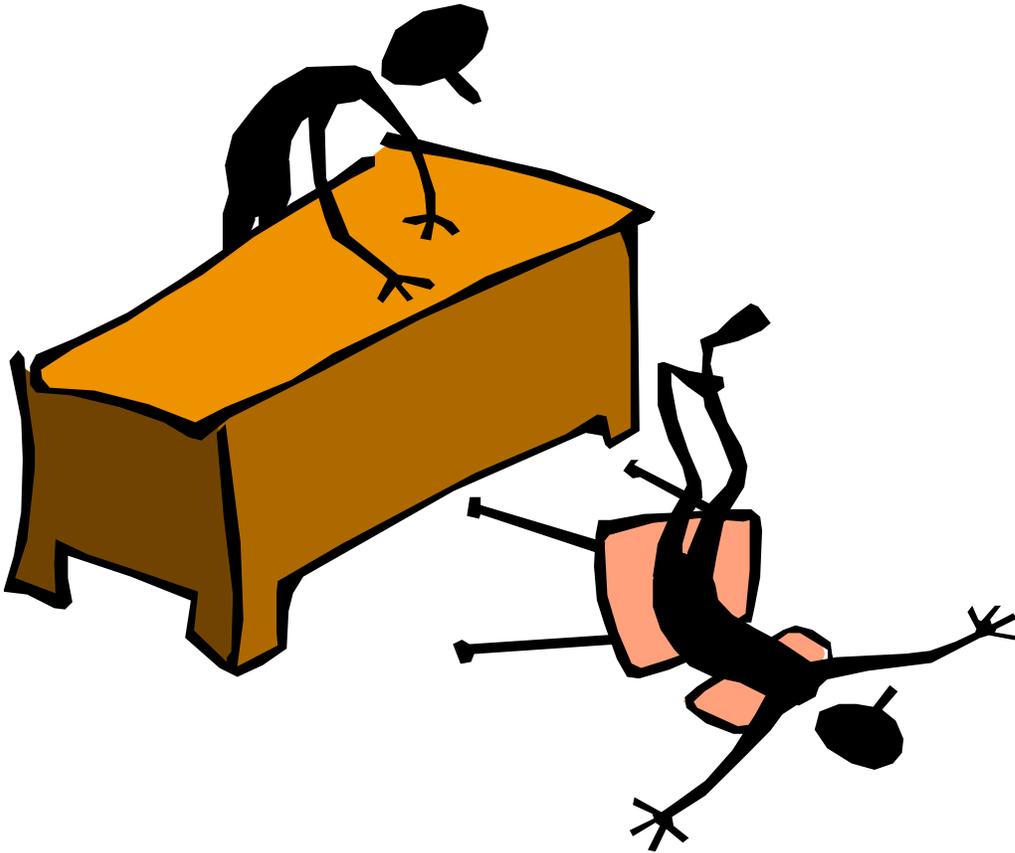


THE SUPERVISOR'S HANDBOOK FOR FEDERAL EMPLOYEE'S WORKERS' COMPENSATION



A HANDBOOK FOR
HILL AIR FORCE BASE
SUPERVISORS

WHAT TO DO WHEN YOUR EMPLOYEE REPORTS A WORK INJURY OR DISEASE

PROVIDED BY ENTITLEMENTS AND BENEFITS/DPCE

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INTRODUCTION

Your employee has come to you and reported an injury on the job. What are you supposed to do? What type of a condition is it, and what paperwork is required? This handbook will walk you through the basic steps of getting your employee the needed medical care, and then guide you through the sometimes complicated and confusing steps of reporting and documenting your employee's compensation case. We'll touch on how you can assist your employee in returning to the workforce which will help you get the workload accomplished and reduce compensation expenses.

While reading through this handbook, remember, you are not alone. Anytime you have questions or need assistance in dealing with a workers' compensation issue, you can call your compensation support staff for assistance and advice. Points of contact for the compensation office, worksheets, checklists, and samples are included in the appendices of this booklet to assist you with your responsibilities.

This handbook does not cover all the details of the Federal Employee's Compensation Act or all the benefits employees may be due. Rather it provides quick and simple guidance that will help you through the majority of the situations you will encounter if one of your employees suffers a job related injury or case.



Traumatic Injury (Form CA-1): If the condition happened in the course of **one work shift**, the condition is an injury. Examples: cut finger; tripped and fell; hit by forklift, etc. Sometimes the reported condition may not seem like an injury, such as mental stress or back strain. However, if the employee identifies the condition as occurring in the course of one work shift, the condition is still considered to be a traumatic injury.

Occupational Disease (Form CA-2): If the condition happened because of events in **more than one work shift**, the condition is an occupational disease. Examples: back strain from unloading trucks for the past two weeks; stress due to conflicts with co-workers and supervisors for the last six months; carpal tunnel from daily use of computer keyboard, etc.

NOTE: Your employee may complain of suffering a recurrence of a prior injury or disease and state the desire to file for benefits under the prior claim. A recurrence is defined as an onset of symptoms related to the original injury or disease for no explainable reason other than there was a prior medical condition. If a new event or series of events (i.e., bent over to tie shoes, moved boxes, etc.) causes a return in symptoms, the condition must be treated as a new injury or disease as described above even if the exact same part of the body is affected. If symptoms do begin for no explainable reason other than the prior injury or disease, the employee can file for a recurrence under the prior claim. Recurrence claims are not detailed in this handbook.

HOW DO I GET MY EMPLOYEE MEDICAL ATTENTION?

Regardless of the category of the medical condition, your first concern will be to determine if your employee needs immediate medical care. If immediate care is required, utilize base medical facilities if they are available. If base facilities are not available, make arrangements for your employee to go to the nearest off-base health care facility. Make sure your employee can safely drive. If the employee cannot drive, provide transportation or call an ambulance.

If the situation is not an emergency, you will want to take time to discuss the situation with your employee. The base dispensary/SGPO will provide medical attention or forms to receive private medical attention, and forms to report the work-related condition. Forms required to obtain medical care are:

For base clinics and/or hospitals: Use an administrative referral to direct your employee to the base dispensary/SGPO.

For off-base physicians or hospitals: Forms will be provided to your employee by the base dispensary/SGPO.

a. Traumatic injuries within the last 48 hours. SGPO may issue a form **CA-16**, this form guarantees payment to the care provider.

b. Occupational Diseases or traumatic injuries that occurred more than 48 hours ago. SGPO will issue a form **CA-20**. Because it is harder to prove that occupational diseases or injuries that are not recent were caused at work, a form that guarantee's payment for something that may not be the government's responsibility would not be appropriate. If the employee's claim is accepted, the medical bill will be paid even though a CA-16 was not issued.

Regardless of whether your employee is using an on-base or off-base medical provider, send form **CA-17** or the position description and SF-78 along with a light duty availability letter to the physician with your employee. These forms inform the doctor of the type of physical requirements your employee regularly performs; inform the physician that you can accommodate light and/or part-time duty; and provide the doctor a means to communicate to you what the employee can safely do; when the employee can return to light duty work; and when the employee can resume regular duty.

Your employee may object to reporting for medical care; however, it will be important to the claim to have early medical reports. If you offer the

employee an opportunity for care and the employee refuses to go, document the refusal with the claim.

WE GOT MEDICAL CARE, NOW HOW DO WE FILE THE CLAIM?

You should encourage your employees to report all work-related conditions to you and to file them as official claims even if there is no lost time or medical expense. Department of Labor considers claims to be 'timely' if they are submitted within three years; however, it will be easier for the employee to prove his or her case if paperwork is submitted as soon as possible after the injury or disease occurs. Even if you do not agree with your employee's report of a work-related condition or event, you still need to work with the employee to report and file a claim. Then you may challenge the claim. We'll go into more detail on that on Page 15.

Traumatic Injuries: Use form CA-1. The front side of the form must be completely filled out and signed by the injured worker. If the injury is so severe that the worker cannot fill out the report, a supervisor, family member, or friend can fill it out and sign it. The reverse side of the form must be completely filled out and signed by you.

Occupational Disease: Use form CA-2. The front side of the form must be completely filled out and signed by the worker. The reverse side of the form must be completely filled out and signed by you. Checklists and/or Factual and Medical Development Sheets usually accompany CA-2 claims and will also require completion by your employee and you.

NOTE: In many instances, some of the blocks on Forms CA-1 and CA-2 will not apply to your situation. Rather than leave them blank (which will result in them being returned to you and delaying the employee's claim), indicate "N/A".

Compensation paperwork must be processed through you, DPCE, and to Department of Labor within 10 days from the day the employee submits the paperwork to you. Upon receiving the documents, fill out and return the receipt portion to your employee. It is then your responsibility to forward the original claim forms to DPCE within the allotted time frame. DPCE will complete agency coding, make and maintain a duplicate case file, and forward claims to Department of Labor. Submit any additional paperwork (CA-16, CA-17, CA-20, witness statements, challenges, etc.) with the claim or as soon as they become available.

You may receive medical updates, bills, etc. on your injured worker after the original claim has been sent off. Submit all these original documents to DPCE to include in the agency case files and to process through Department of Labor.

HOW DO I COVER MY EMPLOYEE'S ABSENCE?

Benefits to cover absences differ based on whether the employee suffered a traumatic injury or an occupational disease. We'll cover each separately.

Traumatic Injury

CONTINUATION OF PAY (COP): Your employee may be eligible for uninterrupted pay beyond the date of injury without charge to leave. This benefit is called continuation of pay and is granted if the following conditions are met:

1. The employee suffered a traumatic injury and filed form CA-1 **within 30 days** from the date of the injury.
2. The employee has provided you with **valid medical documentation** to show the inability to work in any capacity is due to the injury.
3. The absences due to the injury began **within 45 days** from the date of injury.
4. The employee's absences do not exceed a total of **45 calendar days** of COP. COP counts in whole day increments. If the employee works partial days, but is entitled to COP for the remainder of the work day, the few hours of COP count as a whole day of the 45 day entitlement.

NOTE: More information and a worksheet to assist you in tracking COP is provided at Appendix B. Medical verification of the employee's disability along with a copy of the worksheet should be annotated and submitted to DPCE at the end of each pay period during which your employee used COP. This enables DPCE to assist in tracking the entitlement.

CONTROVERSION OF COP: You may believe that your employee should not get COP. Be aware that you can only controvert (withhold) COP based on the following reasons:

1. The disability is caused from an occupational disease rather than a traumatic injury.

2. The employee is not a U.S. citizen.

3. The injury occurred off government premises and the employee was not involved in official "off premise" activities.

4. The injury was caused by the employee's willful misconduct.
5. The injury was not reported on CA-1 within 30 days following the injury.
6. Work stoppage first occurred 45 days or more after the injury.
7. The employee initially reported the injury after his/her employment was terminated.
8. The employee is enrolled in the Civil Air Patrol, Peace Corps, Youth Conservation Corps, Work Study Program, or other similar groups.
9. The employee is a volunteer working without pay or for nominal pay.

If your employee is eligible for COP, but the claim is later denied, Department of Labor will direct us to recoup the COP and change the COP absences to leave or leave without pay.

After COP Expires: If the employee was eligible for COP, but is absent beyond the 45 day limit or 45 day window, the employee has two options:

1. The employee can use sick or annual leave to continue uninterrupted pay, or:
 2. Elect to go on Leave Without Pay and submit form CA-7 to request wage loss payments from Department of Labor. Form CA-7 alerts Department of Labor that the employee is not receiving any income and initiates wage loss pay. Additional CA-7s can be submitted in bi-weekly increments to claim continuing wage loss payments if the absences continue. The employee should anticipate a delay of approximately 1-2 weeks before they receive pay from Department of Labor. The delay can be longer if a claim is incomplete or controversial.
 3. The employee continues to have the responsibility to submit medical documentation to support that the ongoing absences are related to the work-injury
 4. Employees who elect to use their own sick or annual leave can later repurchase the leave with their compensation benefits if their claim is approved. Information on this option (Leave Buy Back) is explained at Appendix C.

Occupational Disease: COP is not a benefit for occupational disease. If the employee cannot work due to the claimed condition, two options are available:

1. Use sick or annual leave to continue uninterrupted pay or:
2. Elect to go on Leave Without Pay and submit form CA-7 to request wage loss payments from Department of Labor. Form CA-7 alerts Department of Labor that the employee is not receiving any income and initiates wage loss pay. Additional CA-7s can be submitted in bi-weekly increments to claim continuing wage loss payments if the absences continue. The employee should anticipate a delay of approximately 1-2 weeks before they receive pay from Department of Labor if their claim is approved. If the claim is not approved or is controversial the delay can be as long as several months.
3. The employee continues to have the responsibility to submit medical documentation to support that the ongoing absences are related to the work-injury
4. Employees who elect to use their own sick or annual leave can later repurchase the leave with their compensation benefits if their claim is approved. Information on this option (Leave Buy Back) is explained at Appendix C.

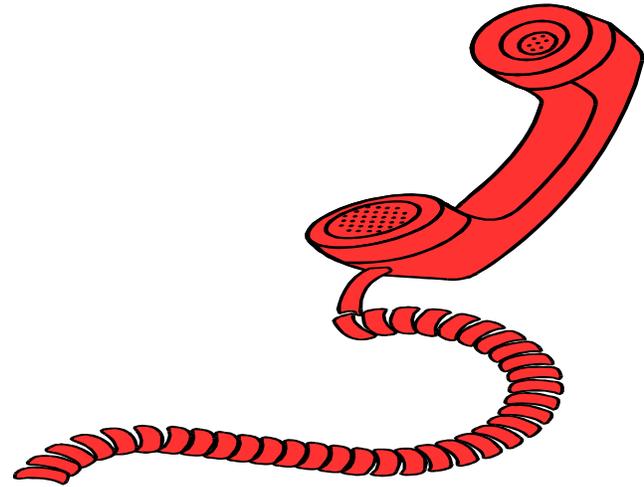
KEEP UP COMMUNICATION.

-- Make regular contact with your employee to let him/her know that he/she is missed at work and offer your assistance with any job or claim concerns. Your employee is anxious and nervous about what is happening with his/her job and future and your regular communication can work more magic in expediting your employee's recovery and return to work than any medical science.

-- Send form CA-17 to the doctor every two weeks or as often as needed to keep updated on your employee's work status.

-- Keep your managers and the injured employee's co-workers informed of what is happening. By doing so, you will receive their support and cooperation in keeping up the extra workload and, when the time comes, in bringing the injured worker back to duty. Bringing the worker back to a positive environment will help your employee continue down the road to recuperation and/or help in the adjustment to job rehabilitation.

-- Keep your DPCE compensation staff and Department of Labor informed by forwarding all documentation regarding your injured worker for inclusion in the case files.



HOW DO I MARK THE TIME AND ATTENDANCE REPORT?

Date of Injury: For traumatic injuries only, if the employee cannot return to work following the injury and the injury occurred after the beginning of the work shift, the employee is carried on the time and attendance report as completing the regular shift. This day is a "freebie". An exception to this rule is if an injury occurs during overtime. Laws governing overtime preclude payment for time for anything except time work is being performed. This precludes payment for time away from the job to receive medical attention or if the employee is sent home.

Continuation of Pay: Continuation of pay is **coded LT** which stands for Disability- Pay. Again, this code may only be used if the employee suffered a **traumatic injury**, filed a **claim within 30 days** from the date of injury, has provided you **medical documentation** to support total disability due to the injury, and does not exceed **45 calendar days** of COP within a 45 day window from the date of injury.

COP may be used in increments. Example: Your part-time (6 hours per day) employee has a release to return to work, but must go to physical therapy two hours per day. The time and attendance record would show 4 hours regular duty and 2 hours **LT**. Remember that even though only two hours of COP were used on this day, it still counts as whole day of the 45 days entitlement of COP.

Leave Without Pay: Leave Without Pay due to an injury or occupational disease is **coded KD** which stands for Disability-Nonpay. This puts the employee in an approved, leave without pay status and flags it as being a work-related medical condition. Unlike other leave without pay absences, the time missed from work will not count against the employee's tenure benefits, such as within grade increases and leave accrual.

THE MEDICAL REPORTS SAY MY EMPLOYEE CAN RETURN TO LIGHT DUTY, NOW WHAT?

This is the key to effectively managing your injured workers' case. It is Hill AFB policy to have injured workers return to work as soon as possible. The reasoning behind this policy is that all the benefits your employee receives from Department of Labor are charged back to the agency. Since you are "paying" your employee, you may as well arrange to get **some** productivity for your money, and at the same time help your employee's recuperation and rehabilitation by helping him/her feel needed and a part of the organization. Therefore, you will want to do everything possible to help your employee return to work by looking at the following options:

1. Can my employee return to his/her former job without modification?
2. Can my employee return to his/her former job with modification?
3. Can my employee return to another job in the organization?
4. Can we create a job to accommodate my employee's restrictions?

Since you are most familiar with your work area, you are the first line of making accommodation for your employee to return to work. Any such accommodation must be documented in writing to ensure that you, the employee, and the Department of Labor know that accommodation has been made and that it is reasonable and within the employee's capabilities. If accommodation is not documented, and you have to later separate your employee, or if your employee just doesn't report for duty, **he/she will likely be eligible to resume compensation.**

NOTE: Sample light duty job offer and fill-in-the blank job offer forms are included at Appendix D to document job accommodation. Specific instructions are also included in the OO-ALC Light Duty Policy Letter dated 4 Dec 97. If you want assistance in arranging and documenting job offers, call the Entitlements and Benefits office/DPCE - we will be happy to assist you.

As soon as your employee returns to work in any capacity, even light duty or part time, complete a light duty statement or a statement that light duty is not required by the doctor's release and send this form to DPCE. A sample can be found in Appendix D, page 25. This light duty letter formally documents that your employee's status of being "totally disabled" has terminated.

THE LATEST MEDICAL NOTE SAYS THE CONDITION IS PERMANENT AND MY EMPLOYEE IS NOT ABLE TO RETURN TO THE FORMER JOB.

Chances are you cannot afford to let your worker be indefinitely assigned to his/her regular position, drawing full wages when he can only perform limited duties. Steps can be taken to reassign the injured worker to another position so you can better manage your manpower allocations. If the reassignment results in lower wages or less hours of work for the employee, a claim can be filed for the difference in wages with Department of Labor. Contact DPCE for guidance.

If you cannot easily identify another position, you will want to work with DPCE and DPCF/Affirmative Employment Branch to see if another job can be developed.

In extreme cases, you may not be able to accommodate your injured worker and you may have no choice but separation. However, this could potentially be a million dollar decision and should only be considered as a last resort. Once your employee is separated, he/she will likely be eligible to resume compensation benefits (even if separated through retirement) and may receive these compensation benefits for the rest of his/her life. As mentioned before, **these benefits will be charged back to the agency**, with you receiving no productivity in return.



I DON'T AGREE WITH MY EMPLOYEE'S REPORT OF INJURY.

The circumstances surrounding the reported injury or disease may arouse your suspicions that the condition is not work-related. If this occurs, remember that as a supervisor, you are obligated to assist your employees in processing their paperwork in a timely manner, and your failure to do so can be punishable under the law. Neither you nor the agency can determine if an employee should file a claim or receive benefits. Department of Labor has the sole authority to approve or disapprove claims and to determine if benefits will be paid.

Rather than impeding the employee's rights to file a claim, gather witness statements (i.e., if anyone heard the employee state that he hurt himself over the weekend, the employee works another job, etc.) and facts to challenge the claim. The sooner you accomplish this the better, because once Department of Labor approves a case or pays benefits, it is difficult, if not impossible to have them change their decision. If you plan to challenge a case, but don't have time to gather your information before you must process the claim paperwork, attach a note to the claim and DPCE will formally request an extension (normally 30 days) from Department of Labor so they won't adjudicate the claim without the additional facts. Hill AFB has a worker's compensation investigator who can help you gather facts to challenge a claim.

You can anticipate that Department of Labor will contact you and the employee in a conference call to settle any conflict in the presented facts, or write to you and ask for more details on the case. Respond fully to such requests, and within the time frames given by Department of Labor. Without your answers, they will consider only the information on hand, and your employee may have sent in enough information to get the case approved despite your initial efforts.

Although it is a slow and sometimes frustrating process, you should always take the effort to challenge suspicious claims. The pay-off in money saved from one successfully challenged claim will more than offset the time you invest in doing a conscientious and thorough job of presenting the facts.

NOW THAT IT'S OVER. Congratulations!! In addition to your demanding job as a supervisor, you have successfully managed your injured workers' situation. Hopefully, he/she made it back to work and you are receiving some type of productivity for your efforts.

At this time you will want to remember that the successful management of the case took teamwork. You probably had subordinates that pitched in and did more than their fair share to get the job done and keep your mission going while you were shorthanded. Remember those employees when giving performance ratings, and with awards and words of appreciation as appropriate. Your actions will enhance a positive work environment and foster the teamwork spirit that gets you through these tough times.



APPENDIX A

POINTS OF CONTACT FOR WORKERS' COMPENSATION QUESTIONS/ISSUES

A through G: Marilyn Walker
7-8478 FAX 7-8479 or 7-0587
Building 1245 room 12

H through O: Carolyn Bronson
7-8477 FAX 7-8479 or 7-0587
Building 1245 room 12

P through Z: Gaylene Brown
7-4570 FAX 7-8479 or 7-0587
Building 1245 room 12

Program Administrator: Kathey Cooper
7-7205 FAX 7-8479 or 7-0587
Building 1245 room 10

Fraud Investigator David Spring
7-9497

Mailing Address: OO-ALC/DPCE
6053 Elm Lane
Hill AFB, UT 84056-5819

APPENDIX B

RULES FOR ISSUING AND TRACKING CONTINUATION OF PAY (COP)

1. Use only for traumatic injuries (injury happened during the course of a single workday).
2. COP cannot exceed 45 calendar days.
3. COP counts in whole day increments. Example: Employee works seven hours then misses two hours for an appointment related to the injury. Time and Attendance report will reflect 7 hours of work and 2 hours of COP, but a whole day of the 45 day entitlement will be used.
4. If medical documentation indicates a period of absence which includes work and nonwork days, all the days count against the 45 day entitlement.
5. COP must be used within 45 days from the date of injury or within 45 days from the first day the employee returns to work if any of the 45 days has not been used and additional absences occur. Exception: The COP absences can go beyond the 45 day window only if it involves a continuous period of absence that started within the 45 day window, however, the total days used still **cannot exceed 45**.
6. Use the following worksheet to track COP for each injured employee. Send a copy of the worksheet and supporting medical documentation to DPCE at the end of each pay period for inclusion in the agency injury file.
7. To be eligible for COP, the employee must:
 - a. File form CA-1 within 30 days from the date of injury.
 - b. Provide medical documentation to support they are totally disabled for work due to the job injury.

COP CHECKLIST

NAME:

DATE OF INJURY:

SALARY:

DAY NO.	DATE COP USED/HRS	MEDICAL BACKUP SENT DPCE	DAY NO.	DATE COP USED/HRS	MEDICAL BACKUP SENT DPCE
01			24		
02			25		
03			26		
04			27		
05			28		
06			29		
07			30		
08			31		
09			32		
10			33		
11			34		
12			35		
13			36		
14			37		
15			38		
16			39		
17			40		
18			41		
19			42		
20			43		
21			44		
22			45		
23			***		DATE 45 DAY PERIOD ENDS

APPENDIX B

All employees, regardless of schedule or appointment type are eligible for COP if they meet the entitlement criteria. Because intermittent employees do not have a set work schedule, the following worksheet is used to compute their benefit:

WORKSHEET FOR COMPUTING CONTINUATION OF PAY FOR INTERMITTENT, WAE OR PART-TIME EMPLOYEES

Employee _____ Claim
No. _____ DOI _____

1. Weekly Pay Rate:

Total the employee's hours worked during the year preceding the injury and multiply by the employee's hourly rate. Divide the total by the number of weeks the employee worked during the year.

2. 150 Day Rule:

Use employee's average hourly rate multiplied by 8 hours, multiplied by 150. Divide by 52 weeks.

Salary for a full week of COP is based on the HIGHER of block 1 or 2.

NOTE: For partial weeks of COP, subtract actual earnings during the week of COP from the established weekly rate.

SAMPLE:

Average Weekly Wage:

An employee who earns \$7.00 per hour worked 720 hours during 43 weeks in the year immediately preceding the injury. \$7 times 720 hours = \$5,040. Then \$5,040 divided by 43 = \$117.20.

150 Day Rule:

\$7 times 8 hours = \$56 times 150 = \$8,400. \$8,400 divided by 52 = \$161.53.

For COP purposes, this employee would receive \$161.53 per week. If the employee worked during a COP week, any salary earned would be subtracted from the COP due the employee.

APPENDIX C

LEAVE BUY BACK

Employees who elected to use sick or annual leave during their period of disability to avoid interruption of income, may claim compensation for the period of disability and "buy back" (subject to approval of the employing agency) the leave used.

Once the injury or disease claim is approved by the Office of Workers' Compensation Programs (OWCP), the employee may submit a request to "buy back" leave used due to disability from the job-related injury/disease. The request is made on Form CA-7.

The following information is provided to assist employees in their decision:

- a. An employee without dependents is entitled to compensation at the rate of 2/3 their regular salary. With dependents, the employee is entitled to 3/4 of their regular salary. Because leave is paid at 100 percent of salary and compensation is paid at a percentage, the **employee will owe the agency money** for the leave repurchase.
- b. The gross amount paid for sick or annual leave during the disability is the amount the payroll office will have to recover from the employee. The employee will be required to have the compensation check forwarded to payroll and to make arrangements with payroll to pay the difference between the compensation check and the money they received while on leave. The employee will recoup most, if not all, of their repayment at year end tax time because the leave pay was taxed and the compensation pay is tax-free.
- c. The higher of the pay rate on date of injury, date of recurrence, or date disability began is used by OWCP in computing compensation.
- d. Any sick or annual leave used during the 45-day COP period cannot be used for buy back purposes unless the employee was not entitled to COP.
- e. If **annual leave** is to be recredited and it exceeds the maximum permissible carry over balance, the **excess is subject to forfeiture**.
- f. Since all the leave previously used must be converted to Leave Without Pay (LWOP), all leave earned during the period of disability used for leave buy back is nullified.

g. Holiday pay is included in the leave buy back if the employee was in a LWOP status on the last hour of the day before a holiday and at the beginning of the business day after a holiday.

h. Medical evidence supporting the period of disability must be submitted with the Form CA-7 if the disability has not already been documented.

If the employee has an irregular work schedule, or if leave being repurchased was not used continuously, the employee should use the following worksheet to document the dates and hours of absence, the type of leave used and to total the time claimed. The worksheet must be reviewed by the supervisor.

APPENDIX D

SAMPLE OFFER LETTER OF LIGHT DUTY

1. This confirms our conversation on (date) in which you were offered a light duty assignment, the duties of which conform to the physical limitations imposed by (doctor's name), who is treating you for your on-the-job injury of (date of injury). The following is provided regarding the light duty job:

Location of job: XYZ Branch, Bldg. 100
Hill AFB, UT 84056

Pay rate and Schedule will be

Description of physical requirements and duties of the position: This will be a full time sedentary position but you will be allowed to sit or stand as you require. The physical demands are those of typical office work, including lifting less than 15 pounds. You will be required to sort material within an organization to appropriate personnel using alphabetical, numerical, chronological, or subject-matter filing system. You will answer the phone and relate messages both orally and in writing. Typing is not required for this position. You will maintain a filing system and follow simple oral and written instructions.

If you require handicap parking, you will be issued a permit to park in a designated space in order to minimize the distance you are required to walk from your car to your work site each day.

The job is available _____.

2. Please return your acceptance or declination of this light duty job offer to this office no later than _____.

Supervisor Signature

Date

I accept _____ I decline _____

Employee Signature

Date

APPENDIX D

SAMPLE FILL-IN-THE BLANK LIGHT DUTY JOB OFFER

MEMORANDUM FOR: _____
SUPV OF: _____

FROM: OO-ALC/DPCE

SUBJECT: Light Duty Position Offer

1. The referenced employee has been released to return to duty. Please complete the information below if light duty is available. Have the employee sign this letter and return it to this office within 10 working days. Attach any documentation (AFMC form 153 or physician report). **If the employee is on regular duty, please sign line 1 below.**
2. Contact me at _____ if you have questions concerning the above. Thank you for your assistance with this claim.

Employee Relations Specialist
Civilian Personnel Division

MEMORANDUM FOR DPCE/ _____

FROM: _____
SUBJECT: Written Confirmation of Light Duty/Regular Duty Work

1. The above referenced employee is **no longer/never was** on light duty. (Circle one). If your employee has been **released to light duty but has not returned to duty**, please mail this offer to his home. The due date for this letter is unchanged.

Employee Signature/DATE

Supervisor's Signature/DATE

2. This is written confirmation of the light duty made available to you upon your return to duty on _____.
3. Work schedule will be _____. Rate of pay will be _____.
You will be on light duty from _____ to _____.
(Date) (Date)
4. Based on the physical limitations imposed by your doctor, the light duties described below will continue until your private physician returns you to regular duty. Your duties consist of:

4. The physical requirements and the number of hours indicated for these duties are:

ACTIVITY HRS	ACTIVITY HRS	ACTIVITY HRS	ACTIVITY HRS
SITTING _____	WALKING _____	LIFTING _____	BENDING _____
STANDING _____	SQUATTING _____	CLIMBING _____	KNEELING _____
Other _____	Other _____	Other _____	Other _____

5. Lifting is restricted to _____ pounds.

Supervisor's Signature/Date

I accept _____, decline _____ your offer of light duty work. **Response due no later than 14 calendar days.**

6. I understand that if I refuse a suitable offer of work, my compensation benefits may be terminated.

Employee Signature

Date

APPENDIX E

COMPENSATION FORMS AND PURPOSES

THE FOLLOWING COMPENSATION FORMS INFORMATION HAS BEEN PROVIDED ON ONLY THOSE FORMS YOU ARE LIKELY TO USE.

CA-1 - Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation. Use for traumatic injury - employee was hurt because of a single event or within one workday.

CA-2 - Notice of Occupational Disease and Claim for Compensation. Use for occupational disease or illness claims - medical condition developed over more than one workday (i.e. carpal tunnel, skin disease). A checklist and or Factual and Medical Development Sheet should accompany each CA-2. Contact DPCE for checklist and/or sheet.

CA-2a - Federal Employee's Notice of Recurrence of Disability and Claim for Continuation of Pay/Compensation. Use for recurrence of injury or occupational disease - medical condition has flared up for no other explainable reason other than a previous work-related condition.

CA-7 - Claim for Compensation on Account of Traumatic Injury or Occupational Disease. Used for three purposes:

1. To claim lost wages when continuation of pay expires on a traumatic injury, and to claim wage loss on occupational disease claims.
2. Use to initiate leave buy backs.
3. Use to claim a scheduled award (employee has reached maximum medical improvement but has suffered a permanent loss or impairment to a part of their body).

CA-17 - Duty Status Report. This form allows the physician to keep you updated on your employees work restrictions and/or duty status.

OWCP will only work with original forms. Send originals to DPCE.

Failure to submit claim forms in a timely manner by employee (30 days) jeopardizes the employee's benefits. The employer (including the supervisor and DPCE) has 10 working days to submit a claim to DOL from the time it is submitted from the employee (20 CFR, part 110). Submit information to challenge claims rather than avoid or delay the process.

Incomplete forms cause unnecessary delays and causes complications at DPCE and OWCP. Look at and address **every** block. Indicate N/A if information is not pertinent. Call DPCE if you need assistance.