Welcome to ECOMP

The Employees' Compensation Operations & Management Portal

Terms of Use

You are accessing a U.S. Government information system that is owned and operated by the Department of Labor. The Department of Labor information systems are provided for the processing of official U.S. Government information only, and are therefore, owned by the Department of Labor. Authorized users are responsible for the proper handling of information they access.

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Have you been hurt on the job?

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

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

Need to upload a document?

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

UPLOAD DOCUMENTS

Medical Providers:

- Only medical reports can be submitted in ECOMP.

  Do not upload bills in ECOMP as they will not be processed.
- Easily submit medical bills *and* reports in one electronic transaction using our **free** Direct Data Entry or Secure FTP. Refer to this Quick Guide for detailed steps. Learn all your options by clicking here.

Looking for a Pharmacy?

Click here to locate an in-network pharmacy in your area.

Need to file a form?

Register for an account or sign in to get started!

Sign In

Email or Username

Password

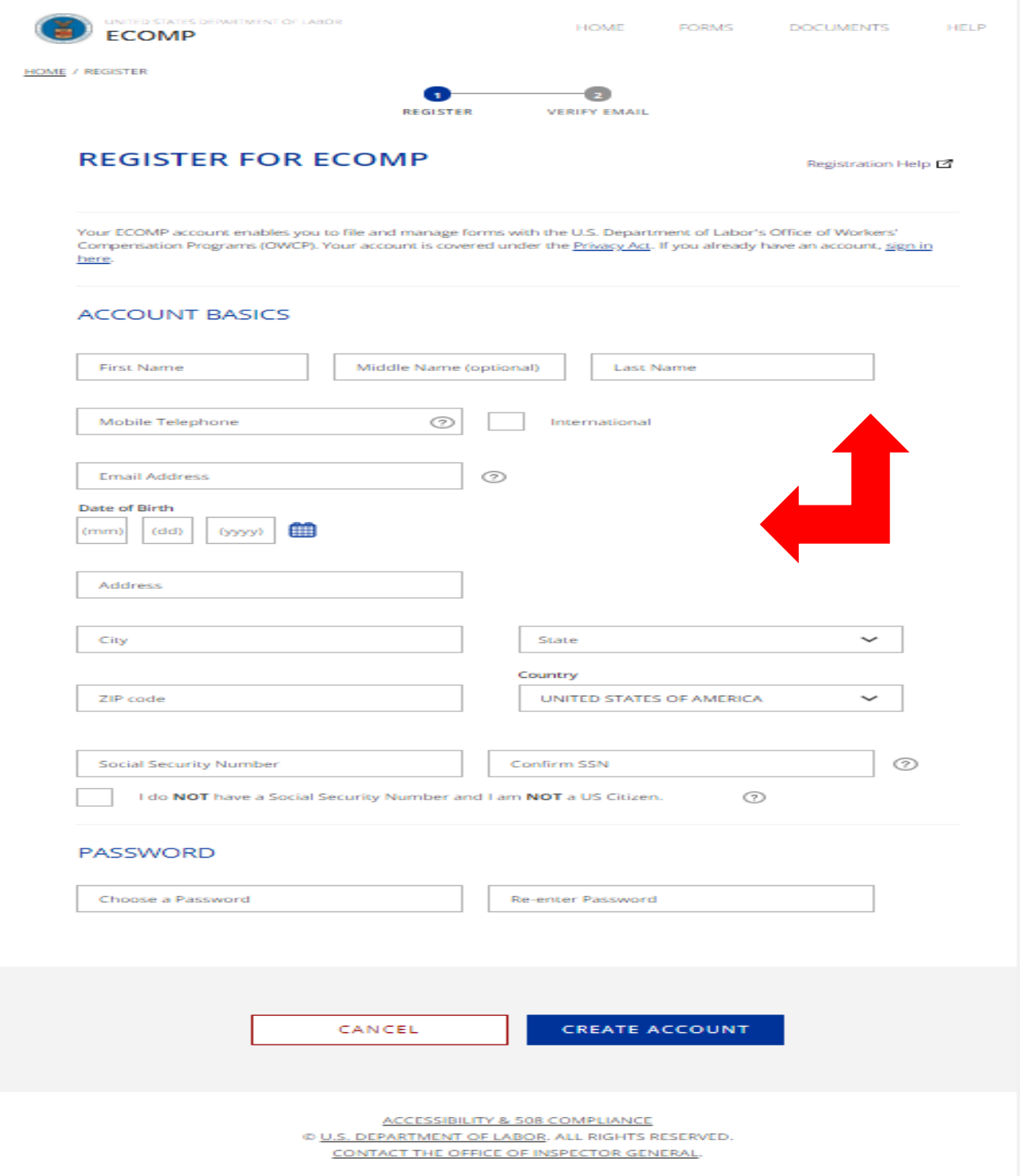
SIGN IN

Forgot password?

Need an account? Register

Track status of form or document

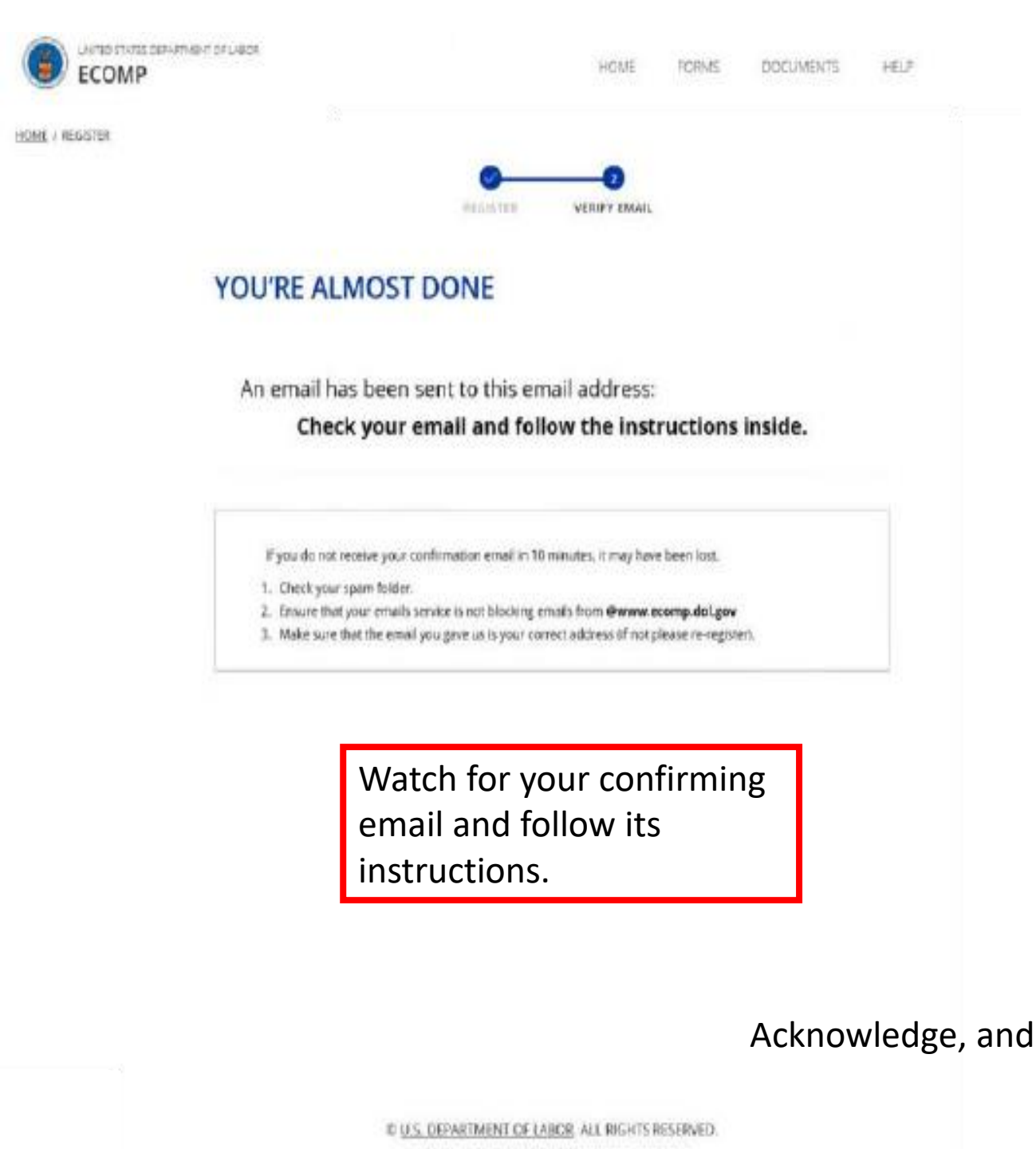
Enter ECN or DCN TRACK STATUS



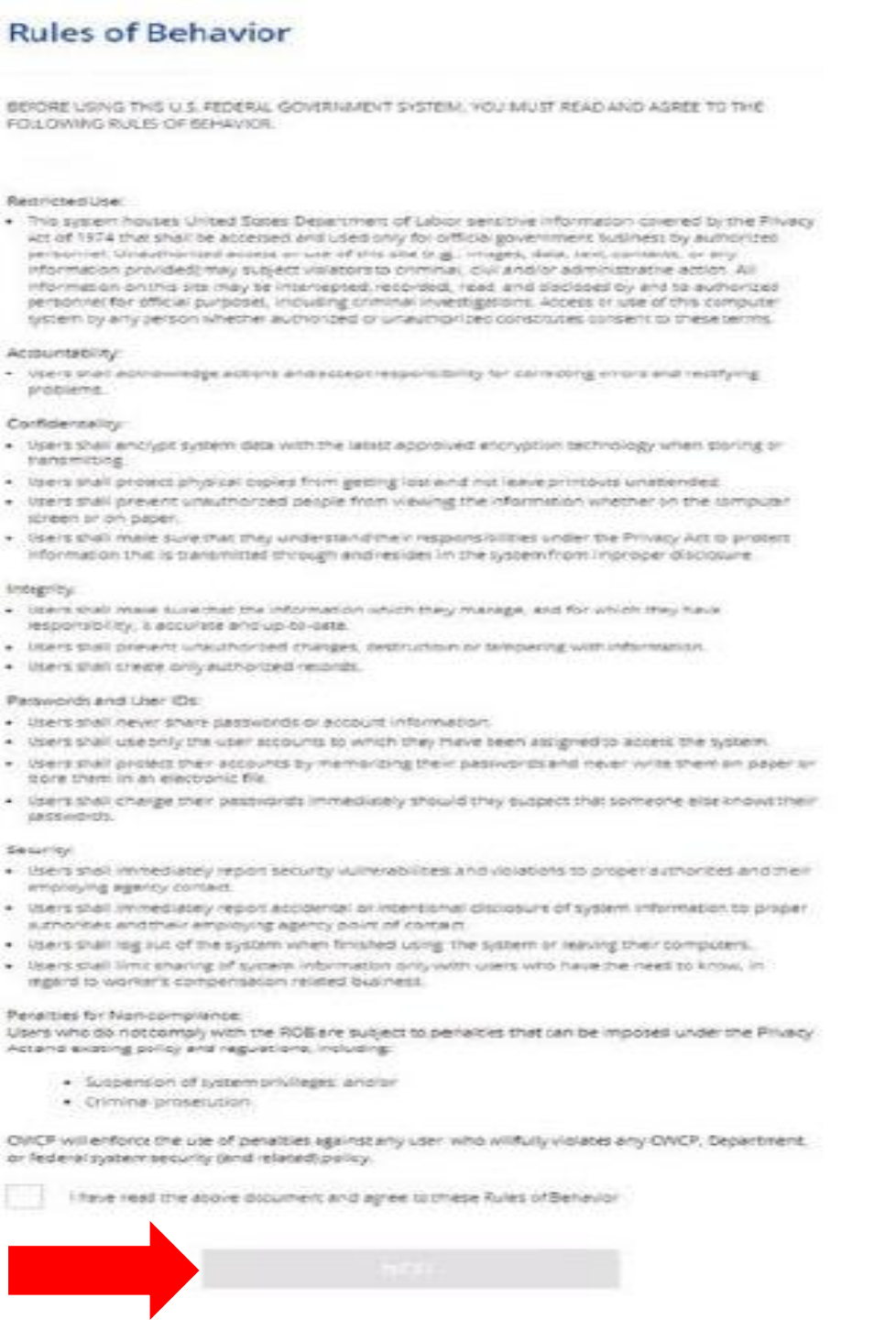
Complete the Registration

Recommendations:

- Give your mobile number
- Use your personal email address, which will still be active, even after you graduate
- Use your home-of-record, or parents, or other mailing address that guarantees you will receive any email that the DOL sends to you…even a year from now; not your temporary college living address.



Watch for your confirming email and follow its instructions.



Acknowledge, and select “Next”

UNITED STATES DEPARTMENT OF LABOR
ECOMP

MY DASHBOARD FORMS DOCUMENTS HELP MY NAME

HOME / MY DASHBOARD

Select "Forms"

Welcome to your ECOMP Dashboard

Because your identity has not yet been verified, your dashboard has limited information and functionality. To access your full dashboard, click here (if available) and complete your identity verification.

Each injury/illness claim you have initiated can be found in the table below. To file a new injury/illness claim or a CA-7 claim for compensation on an existing injury/illness claim, click on the "Form" link above. Document upload may be accessed in the "Documents" link above.

You have 0 injury/illness claim(s) in Draft status in the table below: by clicking anywhere in the row, you will be taken to its form page where you can continue finalizing it.

The Action Required tab shows if any actions are needed of you to continue your claims process. This will include returned forms. If your Action Required tab is empty there is nothing required of you at this time.

Search

Forms (0) | Action Required (0)

Date of Injury	Agency	Status

ⓘ Once you verify your identity, you will be able to access the Case Review page for all injury/illness claims where you can:

- View case details including the injury claim information; claim status; compensation payment tracking; compensation payment history; and from within the payment period details you may also access employee data, compensation information, health benefits, life insurance, payee information, and compensation formula information. You can also access additional billing information through the "Bill Pay Inquiry" link. Pharmacy information is available through the "Pharmacy Benefit" link.
- File associated case forms such as a CA-7 Claim for Compensation using the new case claim drop down button.
- Finish filing any injury/illness claims that are in Draft status.

Which Forms Can I File?

Each agency determines which forms are available for filing through ECOMP. The way you report an incident or file a claim depends on your employment status and your employing agency. To learn which forms you can file, fill out the information below.

EMPLOYMENT STATUS

Federal Employee | Contractor

GOVERNMENT ORGANIZATION

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

Select Department

RESERVE OFFICER TRAINING CORPS (ROTC)

Agency Group

RESERVE OFFICER TRAINING CORPS (ROTC)

Agency

RESERVE OFFICER TRAINING CORPS (ROTC)

Select Duty Station

ARMY-ROTC CLAIMS, 1240 EAST 9TH STREET, ROOM 851, CLEVELAND, OH 44199

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

To file a form for injury or illness:

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

FILE CA-1 OR CA-2

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

FILE CA-7

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

EXIT

Select:
Federal Employee
Reserve Officer Training Corps
1240 East 9th ST RM 851 Cleveland
OH 44199
CA-1 (Injured) or CA-2 (Illness)
You will not do a CA-7

About Forms CA-1 and CA-2

WHICH FORMS SHOULD I USE?

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

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

HOW DO I FILE THE FORM?

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

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

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

FILE A CA-1 OR CA-2

Select CA-1 or CA-2

There are two types of injury claims that may be filed: **CA-1** or **CA-2**. Only one claim (either Form **CA-1** or Form **CA-2**) may be filed based on a single incident. If your agency requires a Form **OSHA-301** prior to filing a FECA claim, this means that only one FECA claim form may be filed per **OSHA-301**.

Select the appropriate form:

CA-1 — For Traumatic Injury

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

Use this form if you have sustained a traumatic injury on the job. A traumatic injury is a condition of the body caused by a specific event or incident, or series of events or incidents, within a single workday or shift.

Examples of a traumatic injury include: a dog bite, a motor vehicle accident or a slip and fall.

SELECT & CONTINUE

CA-2 — For Illness

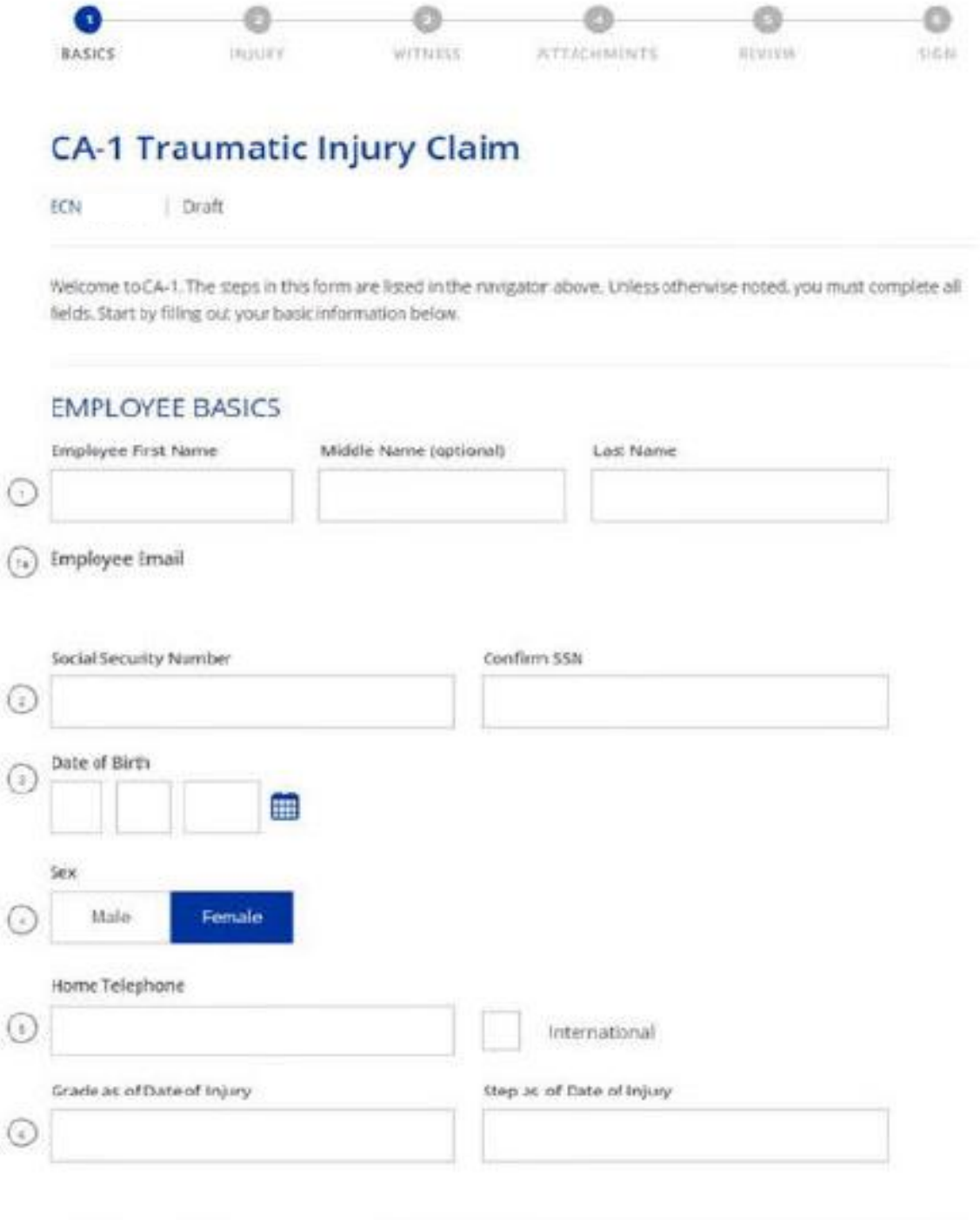
CA-2 - Notice of Occupational Disease and Claim for Compensation

Use this form if you have sustained an occupational disease as a result of your job duties. An occupational disease or illness is a condition produced by the work environment over a period longer than a single workday or shift.

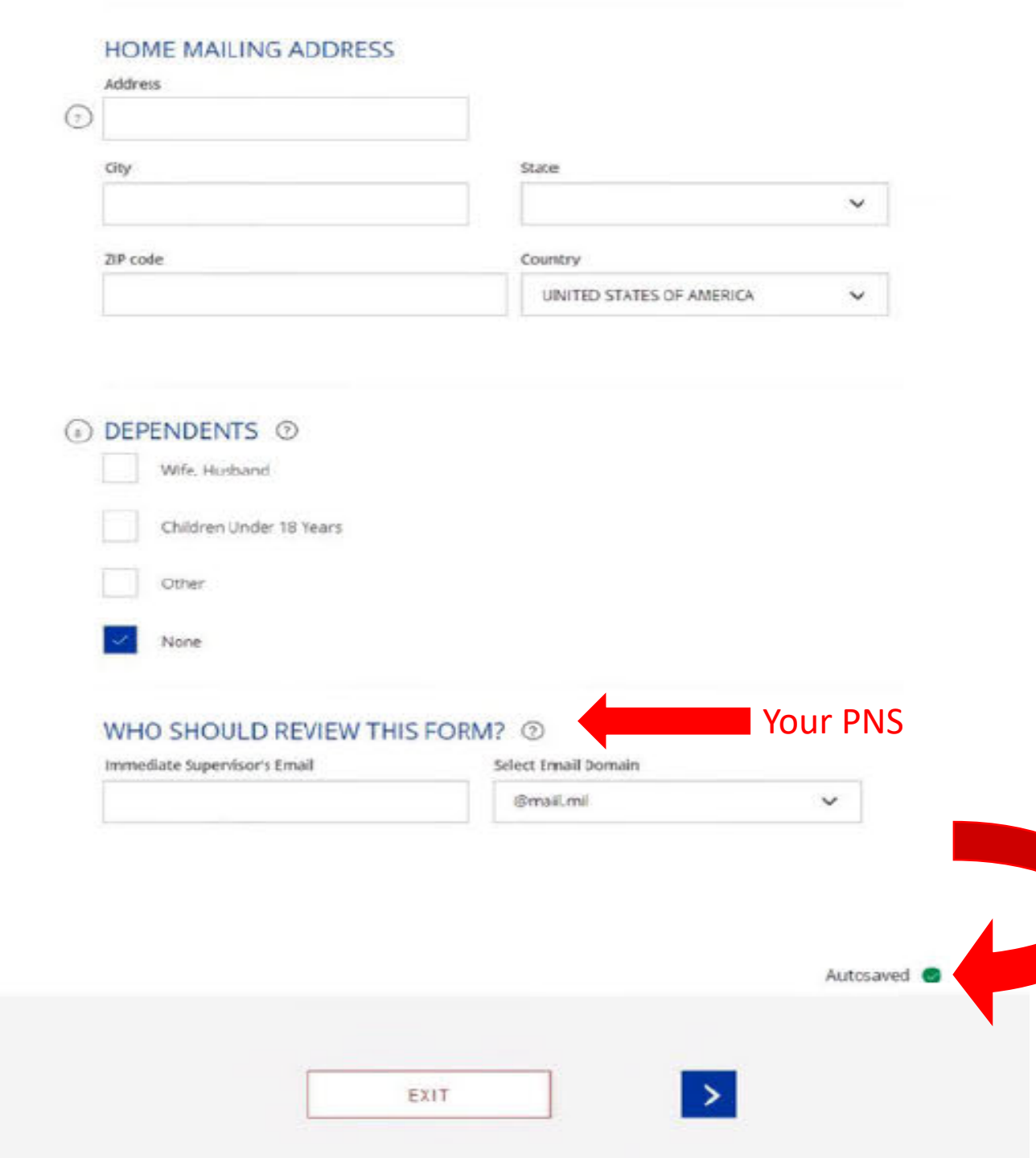
Examples of an occupational disease include: noise induced hearing loss, asbestos-related illness or orthopedic injuries due to repetitive motion.

SELECT & CONTINUE

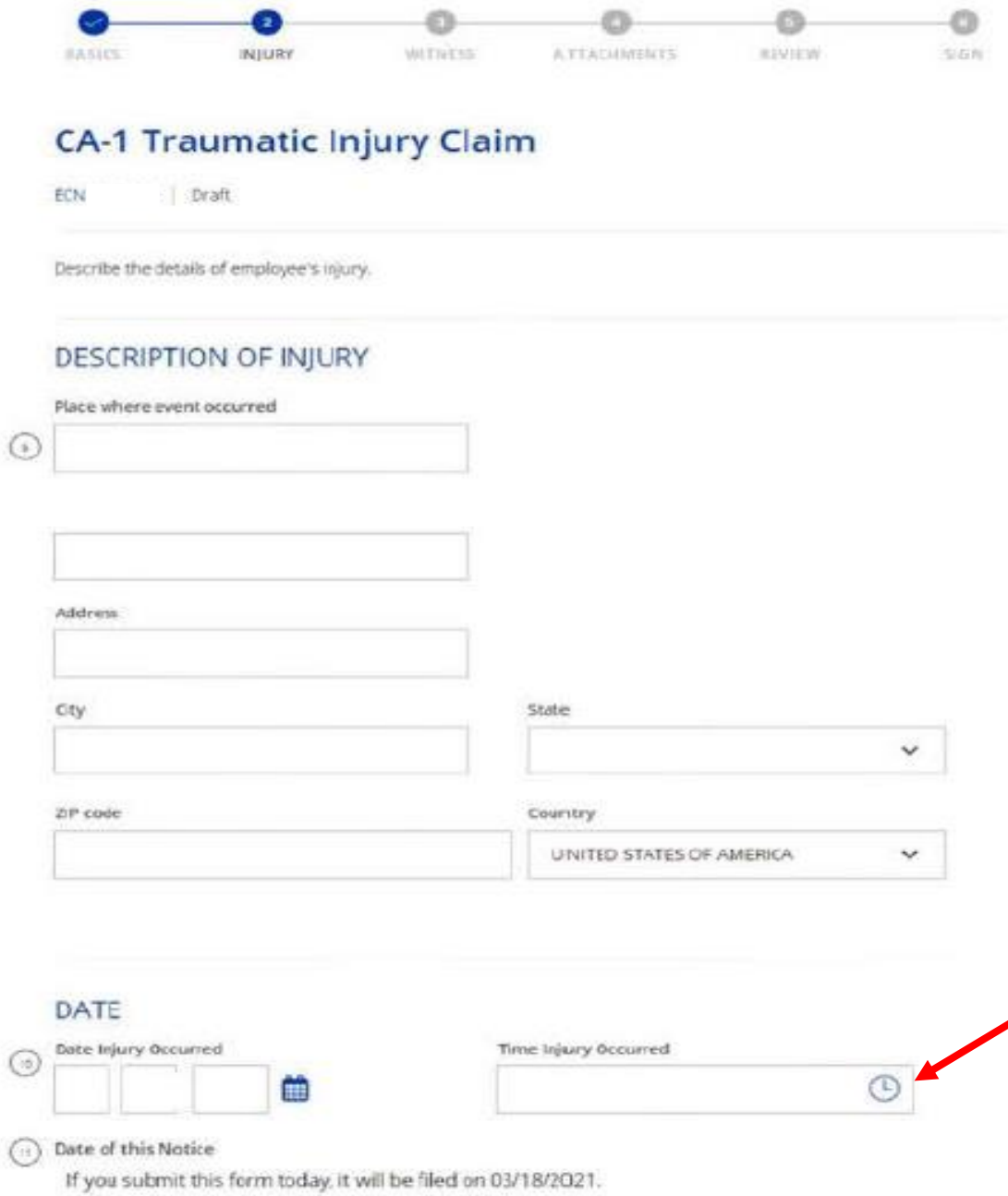
CA-1 – injury
CA-2 – illness



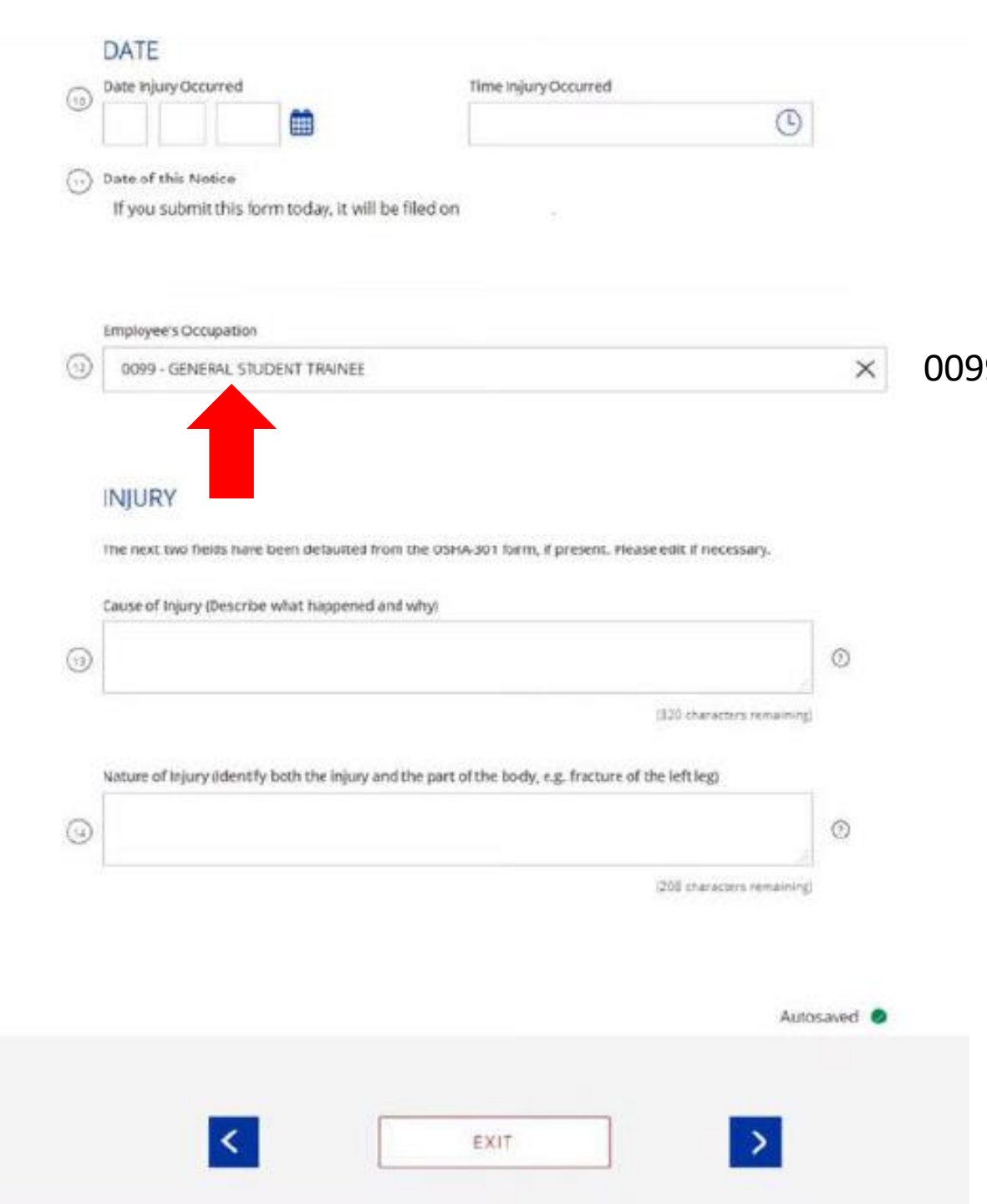
- Use your mobile number
- Use your personal email address, which will still be active, even after you graduate.
- Use your home-of –record, or parents, or other mailing address that guarantees you will receive any email that the DOL sends to you; not your temporary college living address.



Left inactive long enough, ECOMP will timeout, dumping your entries. Click “Autosaved” frequently to save your data.



ECOMP wants all data fields filled,
even if you were injured or fell ill on a base or training area, including a street address.
Be specific on the time and date of incident



0099-General Student Trainee

Be specific - “Sprained left knee after I tripped and fell while running during morning PT”

CA-1 Traumatic Injury Claim

ECN | Draft

*** This step is optional.** If you have a statement from a witness who was present at the time of the event, you can upload that statement in the next step. Enter the witness information here. If you do not have a witness statement, you can skip this step by clicking the forward arrow below.

WITNESS (optional)

16 Witness First Name | Middle Name (optional) | Last Name

Address

City | State

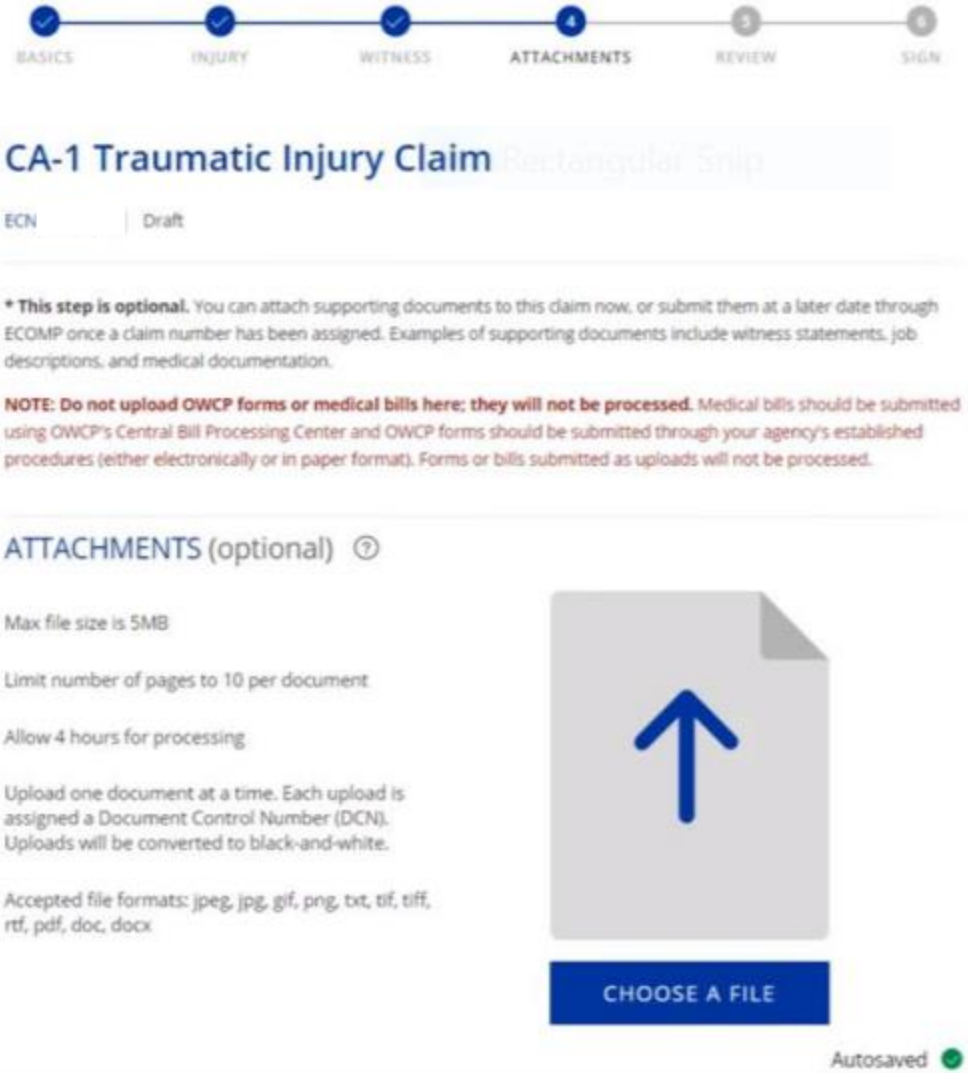
Country

ZIP code | UNITED STATES OF AMERICA

Date of Witness Statement

(mm) (dd) (yyyy)

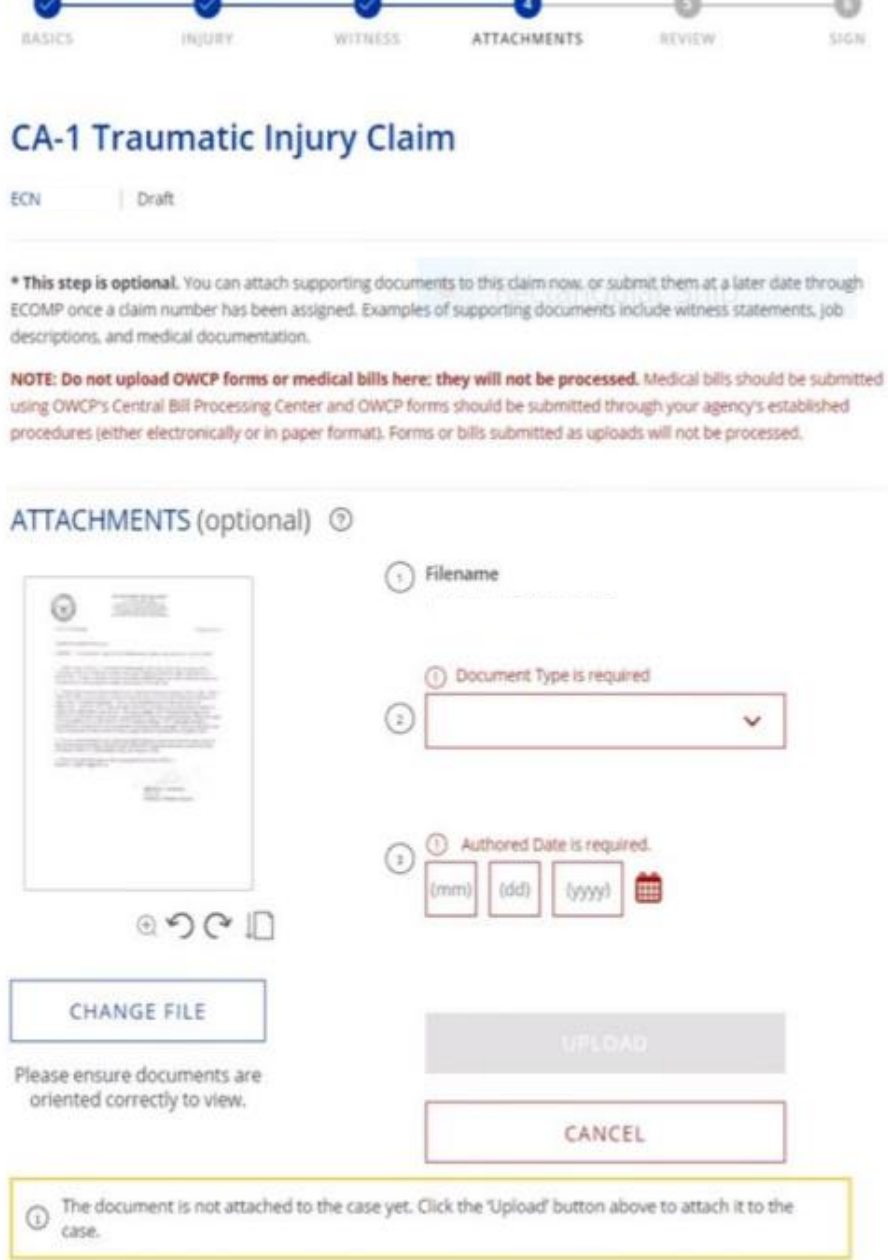
Autosaved



NO MEDICAL BILLS!

Here you can upload documents relating to your case; witness statements, records of medical treatment, CA-16, etc.

NO MEDICAL BILLS!



Complete these steps for upload, and you will see what is on the following page.

CA-1 Traumatic Injury Claim

ECN | Draft

*** This step is optional.** You can attach supporting documents to this claim now, or submit them at a later date through ECOMP once a claim number has been assigned. Examples of supporting documents include witness statements, job descriptions, and medical documentation.

NOTE: Do not upload OWCP forms or medical bills here; they will not be processed. Medical bills should be submitted using OWCP's Central Bill Processing Center and OWCP forms should be submitted through your agency's established procedures (either electronically or in paper format). Forms or bills submitted as uploads will not be processed.

ATTACHMENTS (optional)

Max file size is 5MB

Limit number of pages to 10 per document

Allow 4 hours for processing

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

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

CHOOSE A FILE

UPLOADED ATTACHMENTS

View

DCN
Type: General Inquiry (Non-Medical) | Authored Date: 03/17/2021
Uploaded by march101@umn.edu on 03/18/2021 at 8:43 AM

View

DCN
Type: General Inquiry (Non-Medical) | Authored Date: 03/15/2021
Uploaded by march101@umn.edu on 03/18/2021 at 8:46 AM

View

DCN
Type: Medical | Authored Date: 03/13/2021
Uploaded by march101@umn.edu on 03/18/2021 at 8:47 AM

Autosaved

EXIT

CA-1 Traumatic Injury Claim

ECN | Draft

EMPLOYEE BASICS

Edit

1 Employee First Name | Middle Name | Last Name

4 Employee Email

Government Organization

RESERVE OFFICER TRAINING CORPS (ROTC)
RESERVE OFFICER TRAINING CORPS (ROTC)
ARMY-ROTC CLAIMS
1240 EAST 9TH STREET, ROOM 851, CLEVELAND, OH, 44199

2 Social Security Number

•••-••-••••

3 Date of Birth

4 Sex

Female

5 Home Telephone

6 Grade as of Date of Injury

CDT

Step as of Date of Injury

NA

Review your entries for correctness.

HOME MAILING ADDRESS

Edit

Address

DEPENDENTS

Edit

Dependents

No dependents have been selected

WHO SHOULD REVIEW THIS FORM?

Edit

Immediate Supervisor's Email

melissa.l.hoaglin.mil@mail.mil

DESCRIPTION OF INJURY

Edit

Place where injury occurred

Arden Hills Army Training Center, Training area 3, 4761 Hamline Avenue, Arden Hills, MN, 55112, UNITED STATES OF AMERICA

DATE

Edit

Date Injury Occurred

03/13/2021 02:15 PM

Date of this Notice

03/18/2021, if filed today.

Employee's Occupation

Edit

GENERAL STUDENT TRAINEE

INJURY

Edit

13 **Cause of Injury**

Was conducting military movement techniques as part of ROTC training, lost footing on uneven terrain while traversing as a group through movement techniques. Fell and injured left forearm.

14 **Nature of Injury**

Injured left forearm: radial head fracture

WITNESS

Edit

16 **Witness First Name** | **Middle Name** | **Last Name**

NO RESPONSE GIVEN | | *NO RESPONSE GIVEN*

Address

NO RESPONSE GIVEN

Date of Witness Statement

NO RESPONSE GIVEN

ATTACHMENTS

Add/Modify Attachments

DCN
Type: General Inquiry (Non-Medical) | Authored Date: 03/17/2021
View
Uploaded by march101@umn.edu on 03/15/2021 at 8:45 AM

DCN
Type: General Inquiry (Non-Medical) | Authored Date: 03/15/2021
View
Uploaded by march101@umn.edu on 03/15/2021 at 8:46 AM

DCN
Type: Medical | Authored Date: 03/13/2021
View
Uploaded by march101@umn.edu on 03/15/2021 at 8:47 AM

EXIT

CA-1 Traumatic Injury Claim

ECN | Draft

SIGN & FILE FORM

17 **I certify, under penalty of law,** that the injury described above was sustained in performance of duty as an employee of the United States Government and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication.

I hereby claim medical treatment, if needed, and the following, as checked below, while disabled for work:

☐ A. Continuation of Regular Pay (COP) ⓘ
not to exceed 45 days and compensation for wage loss if disability for work continues beyond 45 days. If my claim is denied, I understand that the continuation of my regular pay shall be charged to sick or annual leave, or be deemed an overpayment within the meaning of 5 USC 5584.

☐ B. Sick and/or Annual Leave

I hereby authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs (or to its official representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.

Submitting this form is considered the same as signing it.

< EXIT SIGN AND FILE

Do not select A or B. These do not apply to ROTC Cadets.

Select “Sign and File”.

MY DASHBOARD FORMS DOCUMENTS HELP EMMA VOIGT

CA-1 Traumatic Injury Claim

ECN | Pending Review by Supervisor

FORM LOCKED

ECN	CA-1	Pending Review by Supervisor
Employee		03/13/2021 Date of Event
Organization	RESERVE OFFICER TRAINING CORPS (ROTC)	03/18/2021 Initiated
		View Upload Attachments Get PDF

- An email has been sent to your supervisor's email account at
- You will receive email updates each time the status of this form changes.
- Make sure to save/print a copy for your records and note the ECN (ECOMP Control Number).

Next Steps

- After your claim is reviewed by your supervisor and is received by DFEC, you will receive an email providing a Case Number.
- You can use that case number to file a CA-7, claim for compensation.
- If you want to check on the status of your claim, visit your dashboard.

DONE

At this point you have completed the first step in the Worker's Compensation process. Your CA-1 is now sent to your supervisor (PMS) for their review and action.

But you are not finished.

You must pay attention to your email and regular mail for communications from the DOL OWCP and respond to them immediately to ensure that all of their requests for action are completed, and that medical bills generated on your behalf get paid.

SUPERVISOR REVIEW SECTION

Supervisor Review

YOU HAVE BEEN NAMED BY AN EMPLOYEE OF THE US GOVERNMENT TO REVIEW THIS FORM. YOU'RE BEING ASKED TO FILL THIS OUT AS AN EMPLOYEE'S SUPERVISOR SO IT MAY REFERENCE YOU THROUGHOUT AS 'THE SUPERVISOR.'

ECN	CA-1	*Pending Review by Supervisor*	
Employee		03/13/2021	Date of Event
Organization	RESERVE OFFICER TRAINING CORPS (ROTC)	03/18/2021	Initiated

YOU SHOULD REVIEW THIS FORM IF BOTH OF THESE ARE TRUE:

Your email is
You work as a supervisor at the **RESERVE OFFICER TRAINING CORPS (ROTC)** for the employee named above.

NO, I CANNOT REVIEW THIS FORM

YES, I WILL REVIEW THIS FORM

You have received an email from DOL/ECOMP indicating that as a supervisor, you have a case awaiting your review in ECOMP. Clicking the link provided in the email brings you to this page.

If the conditions listed to the left are true, select “Yes, I will review this form”.

Rectangular Snip

CA-1 Traumatic Injury Claim

ECN | Pending Review by Supervisor

FORM SUMMARY

Claimant

Email

ECN

Date of Event

Filed

Supervisor

Agency RESERVE OFFICER TRAINING CORPS (ROTC)

Autosaved

EXIT

SUMMARY | REVIEW CA-1 | SUPERVISOR | BASICS | INJURY | PHYSICIAN & WITNESSES | ATTACHMENTS | REVIEW | SIGN

CA-1 Traumatic Injury Claim

ECN | Pending Review by Supervisor

SUPERVISOR INFORMATION

Agency Official First Name | Middle Name (optional) | Last Name

(38)

Agency Official Title

RESERVE OFFICER TRAINING CORPS (ROTC)

Office Telephone

☐ International

(17) AGENCY NAME AND ADDRESS OF REPORTING OFFICE

Agency Name

RESERVE OFFICER TRAI

Address

15 Church Street SE Rm 110

City

Minneapolis

State

MN - Minnesota

ZIP code

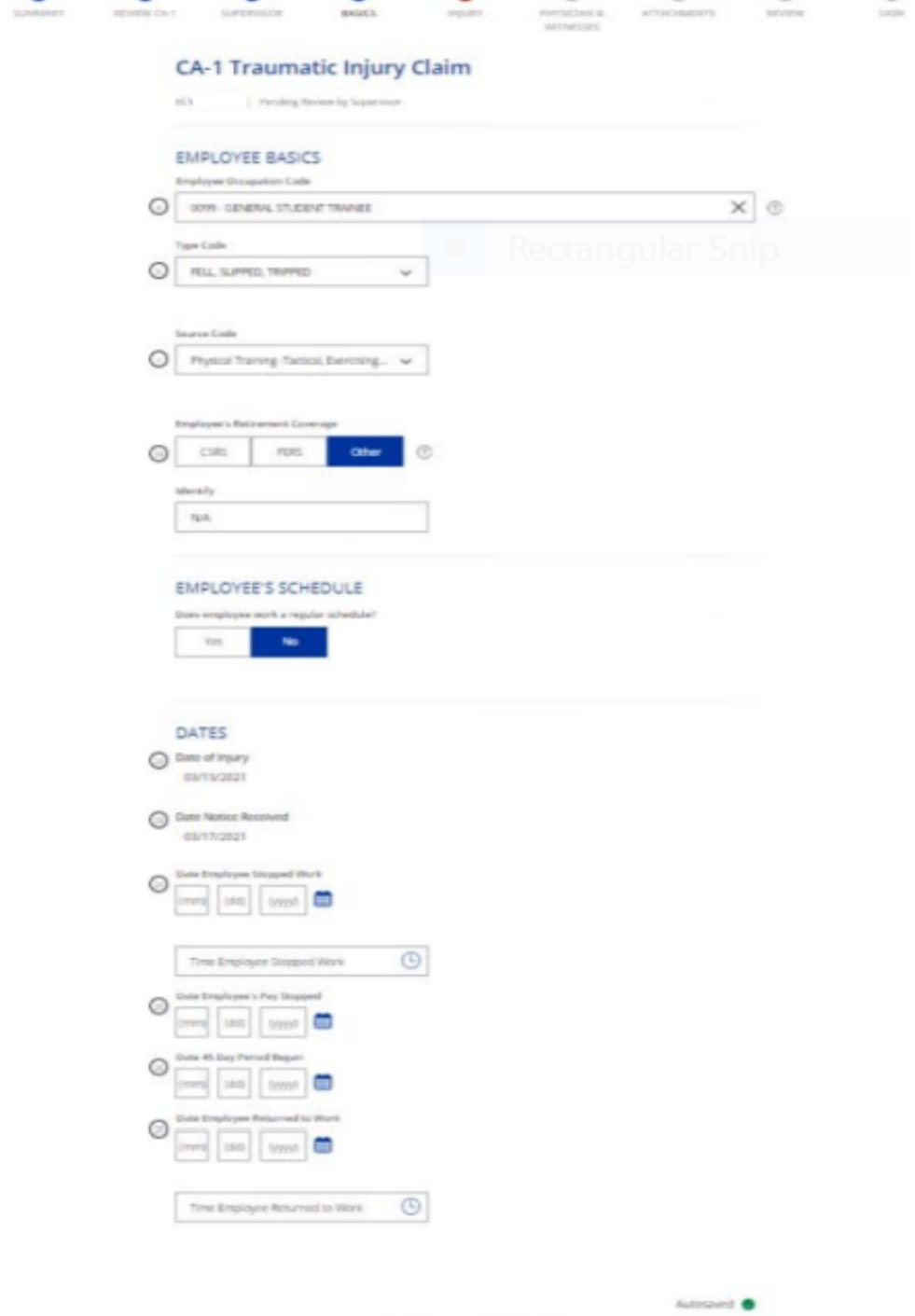
55455

Country

UNITED STATES OF AMERICA

Confirm your information.

Here, Agency Name is “ROTC-[your university name]”



Employee Basics; select from drop-downs

0099-General student trainee

[Select appropriate Type Code]

[Select appropriate Source Code]

Select “Other”

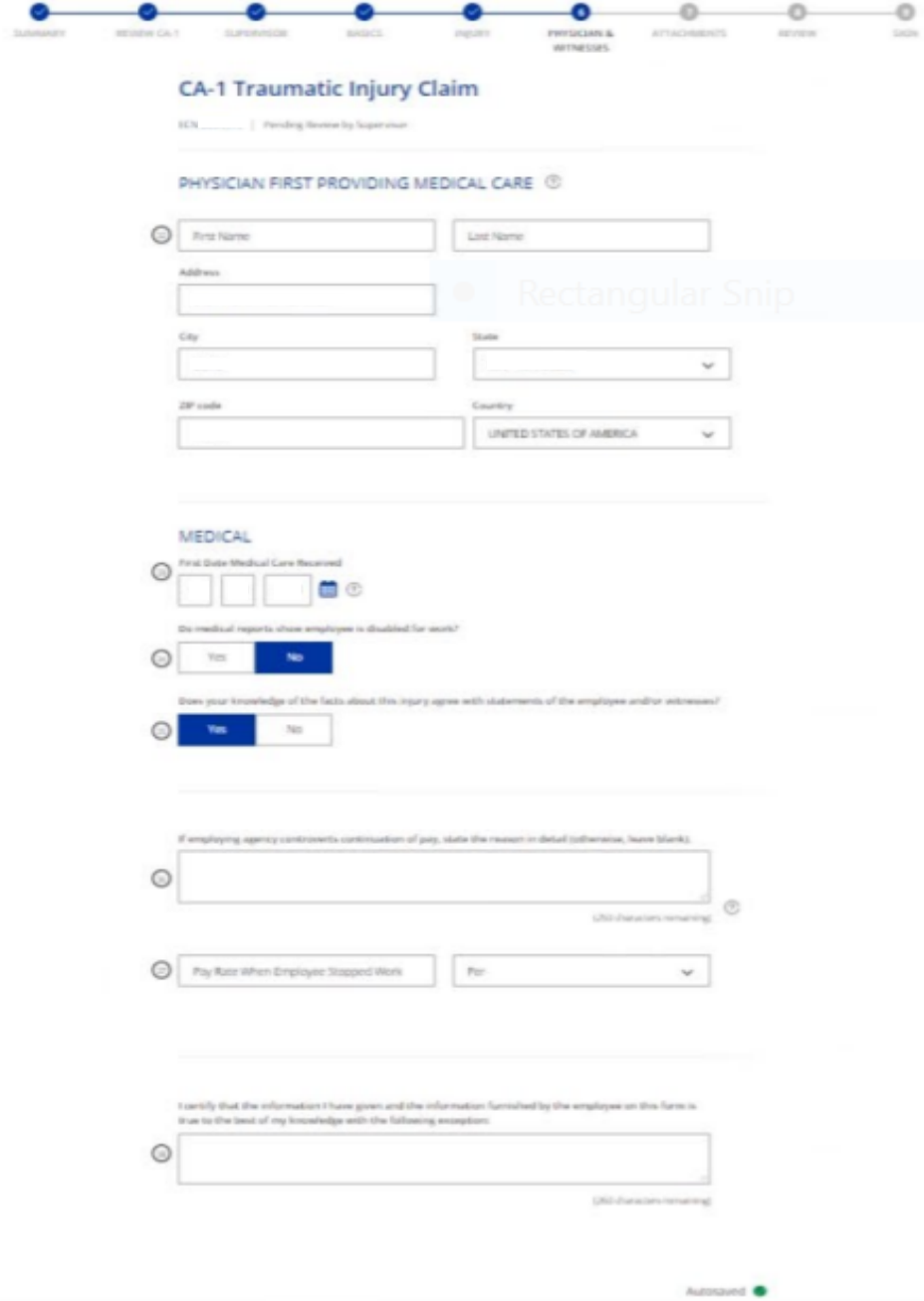
Identify is “ROTC Cadet/Student”

Employees Schedule=NO

Confirm Date of Injury and Date Notice Received

24 thru 27=blank

Select “Autosaved” frequently to ensure data is being saved. ECOMP will time out and clear data if no activity is detected.



32. Complete Physician section

33. Complete Medical date

34. If hospitalization or surgery occurred (likely resulting in treatment costs in excess of $1500), select “Yes”. This will not change the eventual disposition of the case; just gets the case in the correct queue initially.

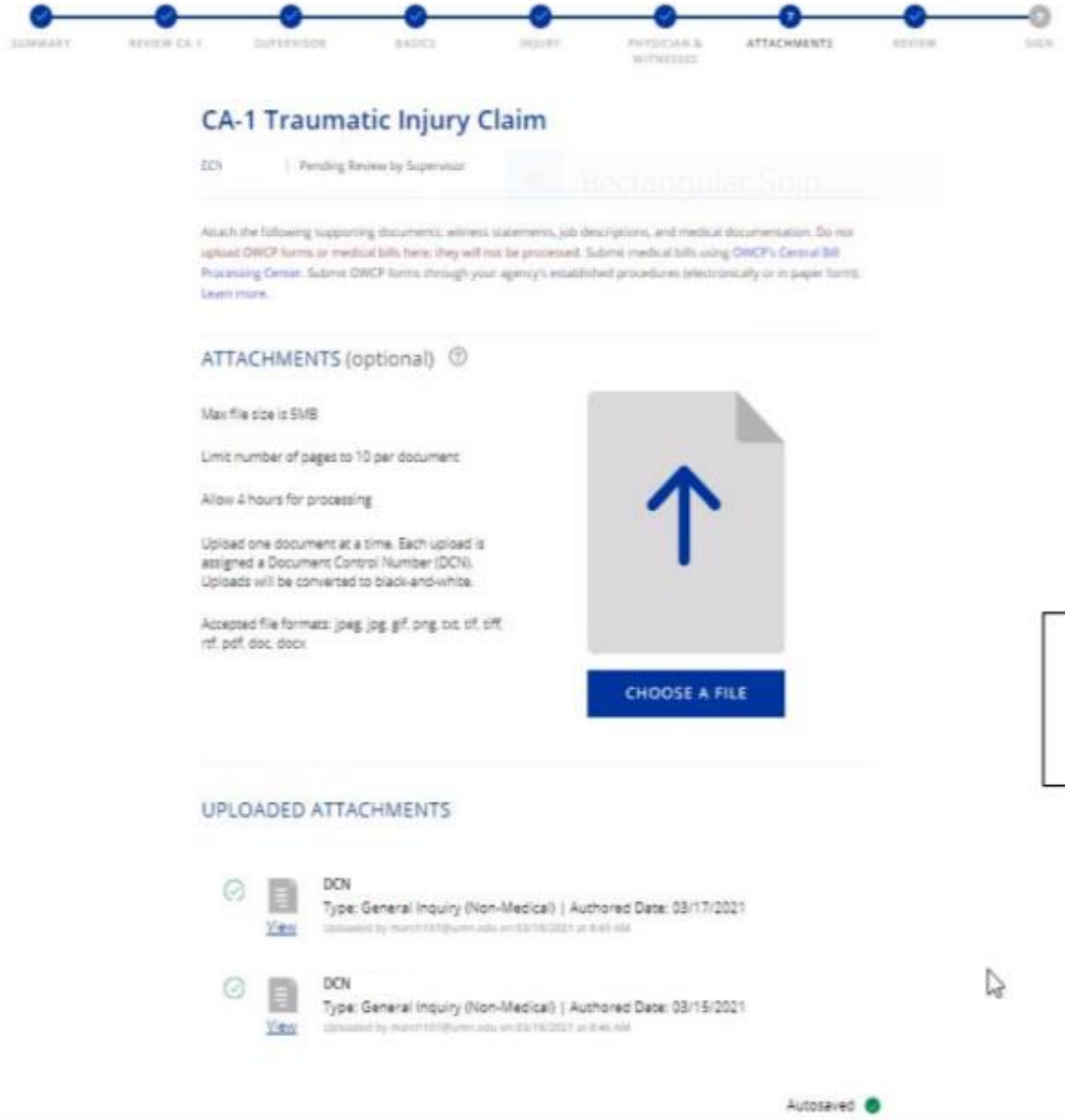
35. Select “Yes” if true

36. [Blank]

37. [Blank]

38. Complete if there are exceptions. Otherwise, blank.

EXIT



Review attachments and add additional ones, if desired.

CA-1 Traumatic Injury Claim

ECN | Pending Review by Supervisor

Review this information carefully before continuing.

SUPERVISOR INFO

Edit

Agency Official First Name | Middle Name | Last Name

Agency Official Title
RESERVE OFFICER TRAINING CORPS (ROTC)

Email & Office Phone

AGENCY NAME AND ADDRESS OF REPORTING OFFICE

Edit

Agency Name
RESERVE OFFICER TRAI

Address
15 Church Street SE Rm 110, Minneapolis, MN, 55455, UNITED STATES OF AMERICA

EMPLOYEE BASICS

Edit

Employee Occupation Code
0099 - GENERAL STUDENT TRAINEE

Type Code
FELL, SLIPPED, TRIPPED

Source Code
Physical Training -Tactical, Exercising, Pack Test, etc

Review data

Other - N/A

EMPLOYEE'S SCHEDULE

Edit

Does employee work a regular schedule?
No

DATES

Edit

Date of Injury
03/13/2021

Date Notice Received
03/17/2021

Date Employee Stopped Work
NO RESPONSE GIVEN

Time Employee Stopped Work
NO RESPONSE GIVEN

Date Employee's Pay Stopped
NO RESPONSE GIVEN

Date 45 Day Period Began
NO RESPONSE GIVEN

Date Employee Returned to Work
NO RESPONSE GIVEN

Time Employee Returned to Work
NO RESPONSE GIVEN

CAUSE OF INJURY

Edit

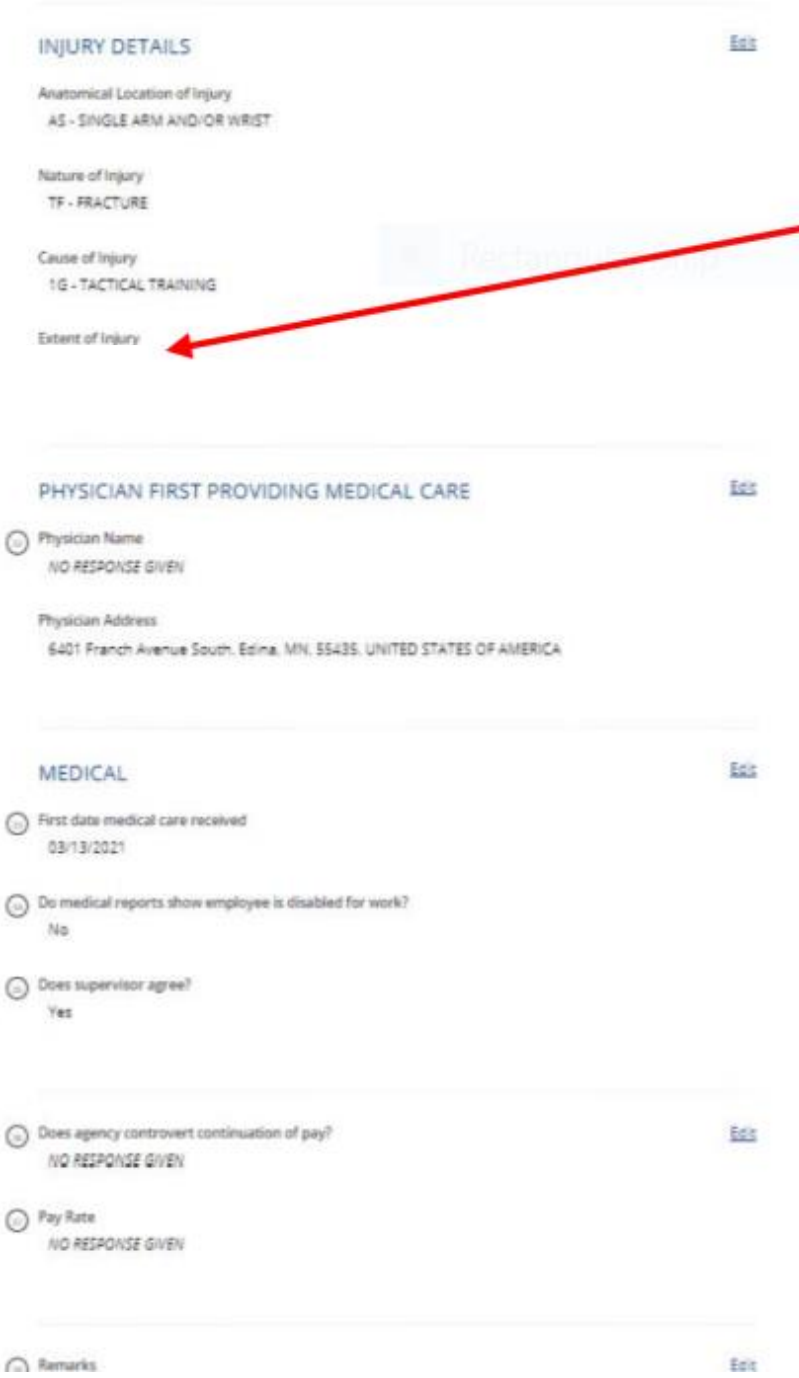
Injured in performance of duty?
Yes

Misconduct, intoxication, or intent to injure?
No

Injury caused by third party?
No

INJURY DETAILS

Edit



INJURY DETAILS/EXTENT OF INJURY

Most likely the Cadet has incurred a bill for medical services.

Select “X-LT Covered by COP or Leave”.

This will cause DOL to create a “Case Number” for the Cadet’s claim, which the medical providers will need to reference when submitting their bills for payment.

Do not select any of the other choices in this drop down menu. None of them enable claim follow-up, nor provide a mechanism for medical bill submission and payment.

MEDICAL

Edit

First date medical care received
03/13/2021

Do medical reports show employee is disabled for work?
No

Does supervisor agree?
Yes

Does agency controvert continuation of pay?
NO RESPONSE GIVEN

Edit

Pay Rate
NO RESPONSE GIVEN

Remarks
NO RESPONSE GIVEN

Edit

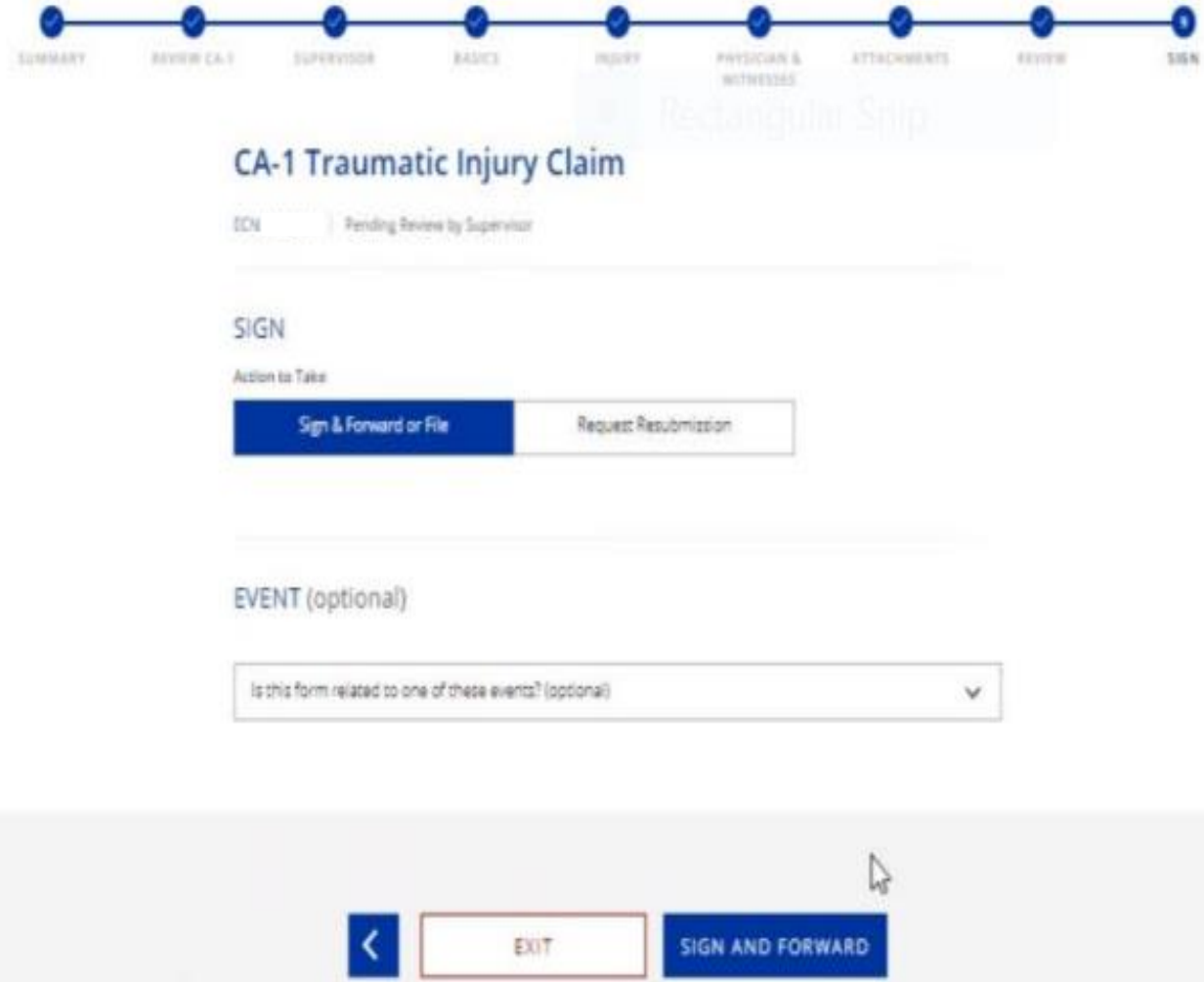
ATTACHMENTS

Add/Modify Attachments

DCN
Type: General Inquiry (Non-Medical) | Authored Date: 03/17/2021
View

DCN
Type: General Inquiry (Non-Medical) | Authored Date: 03/15/2021
View

EXIT

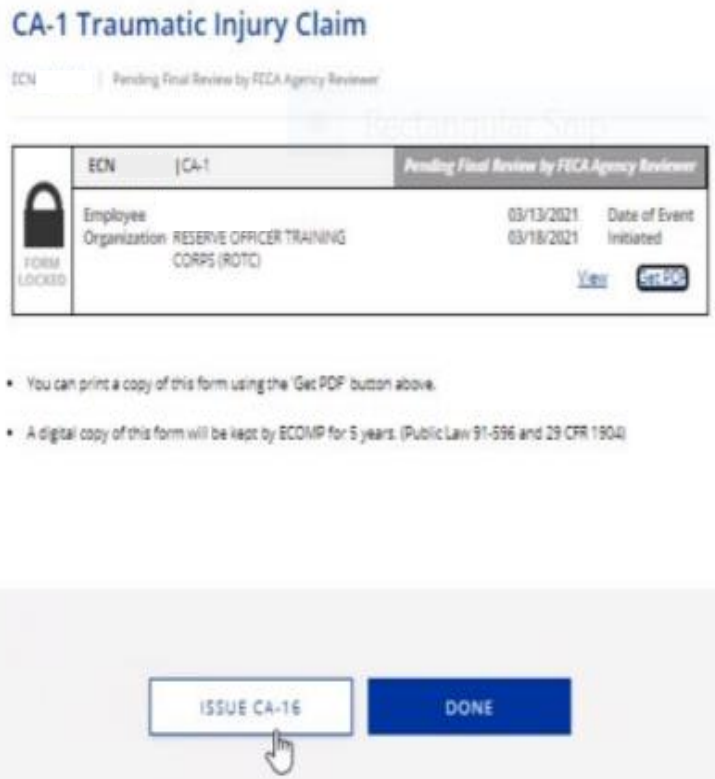


If CA-1 or CA-2 is correct, select “Sign and Forward or File”.

If there are errors or edits required, select “Request Resubmission”

The optional “Event” will not usually apply to any Cadet claims.

Select “Sign and Forward”



Select “Issue CA-16 (Authorization for Examination And/Or Treatment”, which will allow a download of the form. Provide the form to the Cadet as soon as possible, in order to present to the medical provider(s). Once completed, the form(s) should be returned to the Cadet and uploaded to the case file.

The completed CA-16 is necessary in order to pay the medical providers.

When the download is complete, select “Done”.

Agency Reviewer Screens

CA-1 Traumatic Injury Claim

ECN | Pending Final Review by FECA Agency Reviewer

CLAIM SUMMARY

Claimant

Email

Date of Birth

Social Security Number

Address

ECN	
Date of Event	01/06/2022
Filed	01/18/2022
Agency	CIVILIAN HUMAN RESOURCES AGENCY

ATTACHMENTS (optional)

Max file size is 5MB

Limit number of pages to 20 per document

Allow 4 hours for processing

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

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

UPLOADED ATTACHMENTS

View

DCN

Type: Medical | Authored Date: 01/07/2022

Uploaded by Unknown on 01/18/2022 at 6:14 PM

EXIT

SUMMARY | 2 REVIEW CLAIMANT | 3 REVIEW SUPERVISOR | 4 SIGN

CA-1 Traumatic Injury Claim

ECN | Pending Final Review by FECA Agency Reviewer

Review this information carefully before continuing.

EMPLOYEE BASICS

1 Employee First Name | Middle Name | Last Name

1a Employee Email

Government Organization

2 Social Security Number

•••••••••

3 Date of Birth

4 Sex

Female

5 Home Telephone

6 Grade as of Date of Injury

Step as of Date of Injury

HOME MAILING ADDRESS

7 Address

8 DEPENDENTS

No dependents have been selected

WHO SHOULD REVIEW THIS FORM?

Immediate Supervisor's Email

DESCRIPTION OF INJURY

9 **Place where injury occurred**

DATE

10 **Date Injury Occurred**

01/06/2022 03:00 pm

DATE

10 **Date Injury Occurred**

01/06/2022 03:00 pm

11 **Date of this Notice**

01/18/2022

12 **Employee's Occupation**

EDUCATION AND TRAINING TECHNICIAN

INJURY

13 **Cause of Injury**

I was standing monitoring an active game for several of the children. A child came running from my left side. He tripped and fell hitting his full weight against the back of my left knee.

14 **Nature of Injury**

Bruise of left knee causing pain and inability to stand and walk.

WITNESS

16 **Witness First Name**

NO RESPONSE GIVEN

Middle Name

Last Name

NO RESPONSE GIVEN

Address

NO RESPONSE GIVEN

Date of Witness Statement

NO RESPONSE GIVEN

ATTACHMENTS

Add/Modify Attachments

View

DCN

Type: Medical | Authored Date: 01/07/2022

Uploaded by Unknown on 01/18/2022 at 6:14 PM

SUMMARY | REVIEW CLAIMANT | 3 REVIEW SUPERVISOR | 4 SIGN

CA-1 Traumatic Injury Claim

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SUPERVISOR INFO

Edit

Agency Official First Name **Middle Name** **Last Name**

Agency Official Title

Assistant Director - Clarkmoor CDC

Email & Office Phone

17 AGENCY NAME AND ADDRESS OF REPORTING OFFICE

Edit

Agency Name

Address

EMPLOYEE BASICS

Edit

a Employee Occupation Code

b Type Code

Struck by

c Source Code

Walking/working surface (floor, street, curbs, porches)

19 **Employee's Retirement Coverage**

CSRS

Edit

EMPLOYEE'S SCHEDULE

Edit

Does employee work a regular schedule?

Yes

These are not applicable for ROTC

20 **Regular Work Hours**

01:00 pm - 06:00 pm

21 **Regular Work Schedule**

Mon, Tue, Wed, Thur, Fri

DATES

Edit

22 **Date of Injury**

01/06/2022

DATES

Edit

22 **Date of Injury**

01/06/2022

23 **Date Notice Received**

01/18/2022

These do not apply to ROTC claims

24 **Date Employee Stopped Work**

01/06/2022

Time Employee Stopped Work

06:00 pm

25 **Date Employee's Pay Stopped**

NO RESPONSE GIVEN

26 **Date 45 Day Period Began**

01/07/2022

27 **Date Employee Returned to Work**

01/11/2022

CAUSE OF INJURY

Edit

Injured in performance of duty?

Yes

Misconduct, intoxication, or intent to injure?

No

Injury caused by third party?

No

Examples of Third Party Injuries – car accident, injury that resulted from using a defective piece of equipment

INJURY DETAILS

Edit

Anatomical Location of Injury

KS - SINGLE KNEE

Nature of Injury

TC - CONTUSION

Cause of Injury

99 - CAUSE UNKNOWN

PHYSICIAN FIRST PROVIDING MEDICAL CARE

Edit

32 **Physician Name**

Physician Address

MEDICAL

Edit

33 **First date medical care received**

01/07/2022

34 **Do medical reports show employee is disabled for work?**

Yes

35 **Does supervisor agree?**

Yes

36 Does agency controvert continuation of pay? Edit

NO RESPONSE GIVEN

37 Pay Rate

Continuation of pay does not apply to ROTC students

38 Remarks Edit

NO RESPONSE GIVEN

ATTACHMENTS

Add/Modify Attachments

View

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Type: Medical | Authored Date: 01/07/2022

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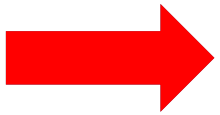
CA-1 Traumatic Injury Claim

ECN | Pending Final Review by FECA Agency Reviewer

I understand that an employing agency official who knowingly certifies to any false statement, misrepresentation, or concealment of fact with respect to this claim may be subject to appropriate felony criminal prosecution.

SIGN

Action to Take



Sign & Forward or File	Request Resubmission

EVENT (optional)

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