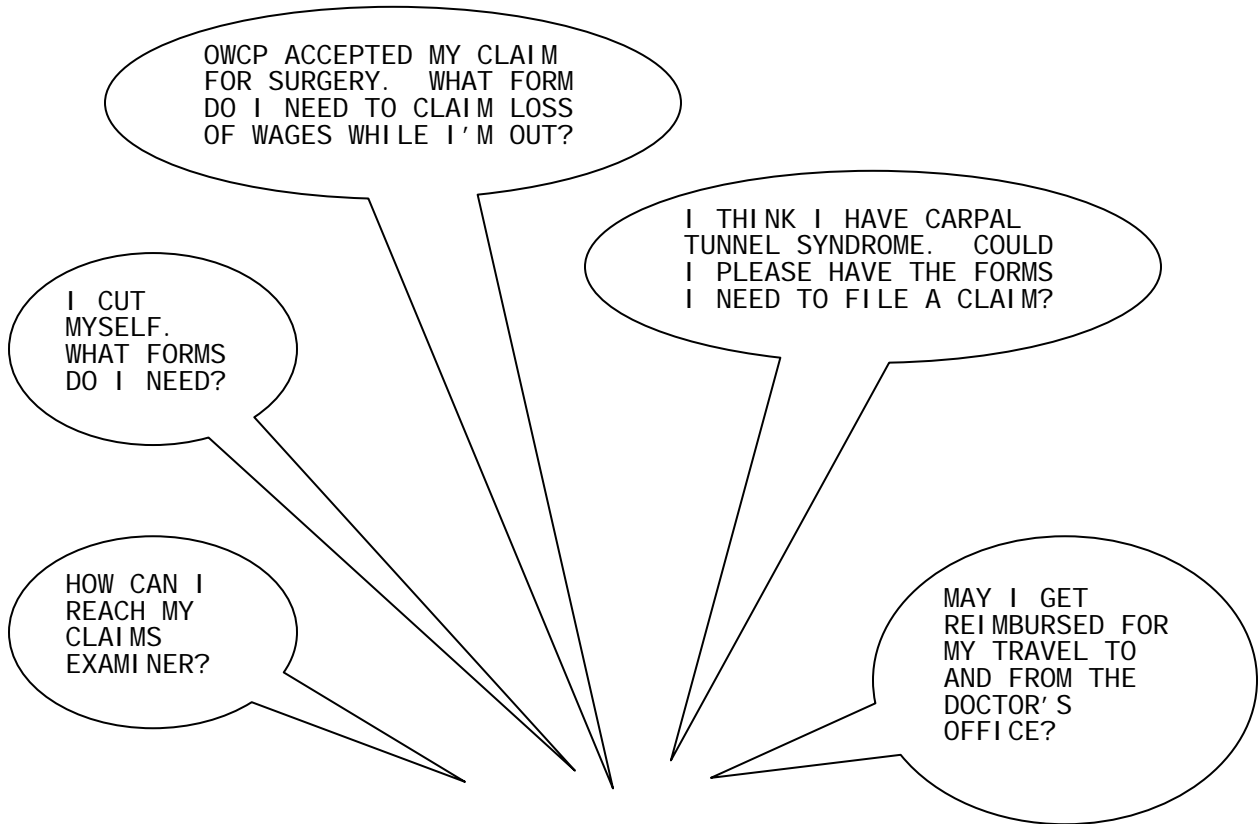


# SUPERVISOR'S GUIDE TO WORKERS' COMPENSATION

WEB VERSION REVISED FEBRUARY 2004



## Introduction

Accident prevention and safety management are the responsibility of every employee. An organization as dispersed, multi-faceted and environmentally challenged as FSIS faces an enormous task in accomplishing its safety goals. Gradual improvement has led to a very respectable safety record, considering the hazards the Agency faces in its daily operations. Although there is always room for safety record improvement, the most important thing to remember is that accidents cause human pain.

When an accident occurs, employees and supervisors are confronted with a bewildering array of forms and procedures required to successfully achieve the physical mending and financial compensation of the injured party in order to return them to safe and efficient performance of their duties. This GUIDE is an attempt to sort through those forms and procedures to clearly define the information necessary for attaining the recovery process. Careful attention to these instructions in completing the required forms will enable the Office of Workers' Compensation Programs (OWCP) to timely evaluate injury cases and render decisions concerning payment.

Keep in mind that all injured Federal employees' claims flow through only 12 OWCP District Offices. Their workload is heavy, and the more help we give them, the better and faster job they can do for us. Your continued cooperation is appreciated. Please help the new supervisors achieve that same level of helpfulness and concern. The Human Resources Field Office in Minneapolis, MN has very experienced Compensation Claims Technicians to assist you in any way they can.

It is extremely important that information flows freely between the field supervisor and the injured employee as well as the compensation claims technician. Requests for additional information, whether from OWCP or HRFO, are not intended to be deterrents to the supervisor's efficient performance of his/her duties, but merely an attempt to present to OWCP a complete package to speed up financial relief to the injured employee.

The materials in this GUIDE are of a general nature intended for all supervisors in FSIS. Periodically you may see updates to this GUIDE as well as supplemental information via e-mail, Beacon articles or your District Office. These are important procedures which every supervisor should keep close at hand. We all must work together, but you, the supervisor, are the key to a successful program.

In addition to these instructions, please note that every commonly used CA-form has very good completion information attached to it. [We have included a link for each form that is available through OWCP's website and reproduced each form that is not in this website.](#) By following the general directions on the forms and in this GUIDE you should have a good start on conquering the OWCP program. Always remember that this is a partnership. We must all do our part in order to make the process work. Working together can eliminate misunderstandings which cause problems and delays for all of us.

[Click here for links to Table of Contents and Index of OWCP Forms.](#)



Table of Contents (continued)

Forms CA-35 (A-H), Evidence Required for Occupational Claim	43
Forms HCFA-1500, UB-92, CA-915 and SF1012	44-45
Type Codes and Source Codes	
Work Hardening Program (FSIS Directive 4610.8)	46
Leave Buy-Backs	47-48
OWCP District Offices/Contact Information	49-51

*Information in this guide is intended to assist supervisors in the OWCP process after the occupational injury or illness has occurred. However if occupational injuries and illnesses are prevented, this guide will not need to be consulted. FSIS has numerous policies and instructions in the form of directives, notices, training programs and Beacon articles that address occupational safety and health. If you have any questions or need assistance in fostering a successful occupational safety and health program, please contact the FSIS field Safety and Health Specialist for your workplace if you are assigned to a District office or the [Environmental, Health and Safety Branch](#) if you are assigned to another FSIS organizational component. Click on the above link for names and numbers.*

Index of OWCP Forms  
Traumatic Injuries

CA-1 * (rev April 1999)	Federal Notice of Traumatic Injury And Claim for Continuation of Pay/ Compensation
CA-16 (rev Oct. 1988)	Request for Examination and/or Treatment
CA-17 * (rev Jan. 1997)	Duty Status Report
CA-20 * (rev Nov. 1999)	Attending Physician's Report
CA-7 * (rev Nov. 1999)	Claim for Compensation
CA-2a * (rev Sept. 1996)	Notice of Recurrence
CA-915 * (rev Feb. 1999)	Claimant Medical Reimbursement Form
OWCP-957 * (rev Aug 2001)	Travel Voucher
HCFA-1500 *	Health Insurance Claim Form (for physicians, therapists, etc.)
UB-92 *	Uniform Health Insurance Claim Form (for hospital use)

\*indicates these forms are also available through website:  
<http://www.dol.gov/esa/regs/compliance/owcp/forms.htm>

Index of OWCP Forms  
Occupational Disease

CA-2 *	Notice of Occupational Disease And Claim for Compensation
(rev Jan. 1997)	
CA-35 *	Instructions for CA-35 Forms
CA-35A *	Evidence Required in Support of A Claim for Occupational Disease
(rev Aug. 1988)	
CA-35B *	Evidence Required in Support of A Claim for Work-Related Hearing Loss
(rev Aug. 1988)	
CA-35C **	Evidence Required in Support of A Claim for Asbestos-Related Illness
(rev Oct. 1987)	
CA-35D *	Evidence Required in Support of A Claim for Work-Related Coronary/ Vascular Condition
(rev Aug. 1988)	
CA-35E *	Evidence Required in Support of a Claim for Work-Related Skin Disease
(rev Aug. 1988)	
CA-35F *	Evidence Required in Support of a Claim for Work-Related Pulmonary Illness (not asbestosis)
(rev Aug. 1988)	
CA-35G *	Evidence Required in Support of a Claim for Work-Related Psychiatric Illness
(rev Aug. 1988)	
CA-35H *	Evidence Required in Support of a Claim for Work-Related Carpal Tunnel Syndrome
(rev Oct. 1987)	
CA-17 *	Duty Status Report
(rev Jan. 1997)	
CA-20 *	Attending Physician's Report
(rev Nov. 1999)	

Index of OWCP Forms  
Occupational Disease  
(Continued)

CA-7 * (rev Nov. 1999)	Claim for Compensation
CA-2a * (rev Sept. 1996)	Notice of Recurrence
CA-915 * (rev Feb. 1999)	Claimant Medical Reimbursement Form
OWCP-957 * (rev Aug 2001)	Travel Voucher
HCFA-1500 * (for physicians, therapists, etc.)	Health Insurance Claim Form
UB-92 * (for hospital use)	Uniform Health Insurance Claim Form

\* indicates these forms are also available through website:

<http://www.dol.gov/esa/regs/compliance/owcp/forms.htm>

\*\* indicates these forms are available through website:

<http://www.dol.gov/esa/regs/compliance/owcp/fecacont.htm>

or go to Publication CA-810, Appendix C, Occupational Disease Checklists

Code of Federal Regulations (CFR) website:

<http://www.gpoaccess.gov/cfr/index.html>

**Index of OWCP Forms**  
**On-The-Job Fatalities**

- CA-5 \*                      Claim for Compensation by Widow,  
                                    Widower and/or Children
- CA-6 \*                      Official Supervisor's Report of  
                                    Employee's Death

These forms are available through the website and are used only in fatality cases resulting from on-the-job injury or illness. Since these instances are rare, supervisors will be provided instructions at the time of occurrence from the Benefits Specialist/Compensation Claims Technician in HRFO. The completion of this form will not be discussed.



## “CONTROVERTING” VS. CHALLENGING A CLAIM

The supervisor or other agency official may controvert an employee’s claim to [COP – Continuation of Pay, Code 67](#). Controversion may mean that the Agency is simply objecting to payment of COP for the claimed injury or that the validity of the claim is in question and USDA-FSIS has substantial FACTUAL information and supporting documents.

COP, when controverted, may be stopped **ONLY** if one of the following conditions applies:

1. The injury is an [occupational disease or illness](#);
2. The injury occurred [off the employing agency’s premises](#) and the employee was not engaged in official “off-premises” duties;
3. The employee caused the injury by his or her [willful misconduct](#), or the employee intended to bring about his or her injury or death or that of another person, or the employee’s intoxication was the proximate cause of the injury;
4. The injury was not reported on a form approved by OWCP (usually Form CA-1) within 30 days of the injury;
5. The employee first reported the injury after employment was terminated;
6. The employee is enrolled in the Civil Air Patrol, Peace Corps, Job Corps, Youth Conservation Corps, work study program, or other group covered by special legislation;
7. The employee is neither a citizen nor a resident of the United States, Canada or the territory under the administration of the Panama Canal Commission (i.e., a foreign national employed outside these areas);
8. The employee comes within the exclusion of 5 USC 8101 (1) (B) or (E) (which refer to persons serving without pay or nominal pay, and to persons appointed to the staff of a former President).

COP must be continued if the claim is controverted/challenged for any other reason. A few examples may be:

- The employee was not performing his assigned duties when injury occurred;
- The condition claimed is not the result of a work-related injury;
- The employee was not wearing his/her required Personal Protection Equipment (PPE)

The supervisor or other agency official must then provide along with the report of injury (Form CA-1, Box 36), a detailed written objection. If additional pages are needed they should have the Name, SSN and Date of Injury along with ‘Attachment to Form CA-\*, Section \*, at the top of the page. Examples of factual information would include disciplinary actions taken as a result of the misconduct of the employee, witness statements, pictures, accident investigation reports, or time sheets.

Additional information regarding questionable cases (e.g., differing versions, previous injury, time lags, other employment, not wearing required PPE, etc.) and what is needed to substantiate the facts of a controversion or challenge are provided in [Publication CA-810, Revised January 1999](#).

## 'RED FLAGS' THAT INJURY MAY NEED TO BE CHALLENGED OR INVESTIGATED

- Doctor visits are not scheduled
- Have been on OWCP frequently
- Disgruntled
- Disciplinary Action Pending
- Not full-time work
- New on job
- History of subjective injuries
- Family member also has workers' compensation claim
- Easy employability at other jobs
- Any anonymous phone call or letter alleging possible fraud
- False statement willfully made with the intent to deceive
- First notice (letter or phone) is from an attorney on the day of the accident
- Employee is having severe financial difficulties
- Employee possesses unusual knowledge of insurance terminology
- Employee claims no physical address exists (has P.O. Box)
- Frequently changes physicians
- Never at home or just stepped out
- Background noise on phone to suggest it is not a residence phone
- Vague details on report of injury, avoidance of any specifics
- Accident not reported promptly
- Refusal to provide complete information about the accident or injury
- Accident occurs late on Friday or shortly after starting work on Monday
- Accident happened in area employee was not supposed to be in
- Attorney or Physician are a long distance from employee's home
- Address of medical provider can not be confirmed
- Altered medical reports without letterhead, dates missing, illegible, photocopied
- Cancelled appointments, treatment dates consistent with weekend dates or holidays, referral for psychological testing when injury was only trauma
- The same doctor/attorney routinely handle claims together

## Continuation of Pay – Code 67

### (TRAUMATIC INJURIES ONLY)

*A traumatic injury is defined as a wound or other condition of the body caused by external force, including stress or strain. The injury must be identifiable by time and place of occurrence and member of the body affected; it must be caused by a specific event or incident or series of events or incidents within a single day or work shift. 20 CFR Part 10*

An employee who is unable to work due to a job-related *traumatic* injury is entitled to “continuation of pay” (COP) for a period not to exceed 45 calendar days. Pay is continued by USDA (not OWCP) by use of Transaction Code 67 on the employee’s Time and Attendance Report. It is the employee’s responsibility to submit medical documentation to HRFO within the specified time frames or COP – Code 67 may be denied.

Any use of Code 67 must be administratively justified by physician documentation within 10 calendar days. This documentation may be Form CA-16, CA-20 or the physician’s chart notes containing a history, diagnosis, results of tests or x-rays, dates of disability (work tolerance limits) and the date of the next doctor appointment. The employee should bring this in to you, the supervisor, and you would pass the information on to HRFO, Minneapolis, MN within the 10 calendar days. This should include a written explanation regarding which medical restriction/s could not be met at this work site and why. This should be done each time the injured employee has an appointment with a physician, therapist or specialist.

The supervisor and/or compensation claims technician may stop Code 67 in several circumstances.

- Injury is controverted by the supervisor and/or the compensation claims technician ([click here to see information on “controverting or challenging” a claim](#))
- The employee does not provide the supervisor and the compensation claims technician with medical evidence of a disabling traumatic injury within 10 calendar days of claiming the COP or the date disability began, whichever is later.
- The employee’s physician has found the employee to be partially disabled and the employee refuses suitable work, or fails to respond to a verbal or written offer of suitable work.
- The employee’s scheduled period of employment ends (must be set before the date of injury)
- A preliminary written notice of termination or other action was issued before the injury occurred and the termination or other action became final during the 45 calendar days of COP.

Supervisors and/or Timekeepers must insure that pay is not continued on Code 67 for more than 45 calendar days. The compensation claims technician in HRFO will send a note to the employee with the expiration date of COP about 10 days before it ends.

### Counting Continuation of Pay – Code 67 (COP)

- Any absence using COP, such as for a visit to a physician, therapist, etc., counts as one calendar day. An employee may not use more than the time it takes for the visit to the doctor, etc, but no more than four hours a day. Remember this must also be substantiated by medical evidence.
- Code 66 is used for the remainder of the work shift during which the traumatic injury occurred. The 45 calendar day period would start the next day.
- If the injury occurs within a reasonable period prior to the work shift (eg., in the locker room, 5 minutes before the shift starts) then the 45 calendar days would start on the date of injury and no Code 66 would be used.
- Weekends are counted as part of the 45 calendar day period when the medical documentation indicates incapacitation on those dates, or if COP was used on the Friday and the following Monday. **This also applies to holidays and Code 67 must be used on the T&A for administrative purposes.**

Special procedures are necessary for intermittent employees who are injured as well as temporary employees whose 45-day COP period will extend beyond the duration of their appointment or service year. In these instances, HRFO, has specific procedures and should be contacted as soon as possible.

All Federal Employees, whether temporary or permanent; full-time, part-time, or intermittent, are eligible for COP (within regulations) for traumatic injuries.

**OWCP COMPENSATION BENEFITS**  
**VS**  
**SICK OR ANNUAL LEAVE**

Under the Federal Employees' Compensation Act, if you suffer a work-related injury or illness and lose more than three days **without** pay (Leave Without Pay or AWOL), you are entitled to compensation from the Office of Workers' Compensation Programs for loss of wages with supporting medical evidence of disability. A three-day waiting period in non-pay status (LWOP) is required before you are entitled to compensation for loss of wages. Compensation based on loss of wages is payable subject to the waiting days, after the 45<sup>th</sup> day for traumatic injuries or from the beginning of pay loss for all other types of injuries. If the absence from work due to the injury continues for longer than 14 calendar days without pay then compensation is payable for the total period of disability, including the three-day waiting period.

When you lose pay due to temporary total disability resulting from an injury, compensation is payable at the rate of 66 2/3 % of the pay rate established for compensation purposes (usually the per annum rate in effect on date of injury). The compensation rate is increased to 75 % when there is a spouse or one or more qualified dependents living with the employee.

The employee has the right to elect whether to receive pay for leave from USDA (sick or annual leave) or to apply for compensation from OWCP. If they elect to use leave, the three day waiting period for compensation from OWCP will not begin until annual or sick leave stops. OWCP compensation should not be paid while the employee receives pay for leave.

In making a decision whether to go on sick or annual leave or go on LWOP and apply for OWCP compensation, the employee should consider such factors as:

1. Financial status (can you afford to be without a regular salary check while your claim is being adjudicated). Accepted claims will generally have minimal interruption in compensation as long as ALL medical documentation and evidence of disability are in the file.
2. The amount of leave to your credit (you may not buy-back annual leave that exceeds the 240-hour ceiling each year, so you may forfeit the leave if it is not used).
3. The likelihood of needing sick leave for non-work connected purposes.
4. The applicability of the three-day waiting period and the fourteen calendar days.
5. The retaining of sick leave for retirement credit. (FERS employees do not get retirement credit for unused sick leave)
6. The net financial gain or loss (OWCP compensation payments are not taxable, subject to deductions for State or Federal Income taxes, CSRS or FERS retirement, Basic Federal Employees' Group Life Insurance or Thrift Savings Plan).

When a claim is doubtful or there is an occupational disease involved, the employee may decide to take sick or annual leave, or both, to avoid possible interruption of income. If they elect to take leave and their claim for injury is subsequently approved, the employee may

arrange with HRFO to buy-back the leave used (subject to the leave ceiling and waiting period) and have it reinstated to their account.

In a leave buy-back the employee is converting their sick and annual leave used to LWOP. They would lose leave accruals for the days being converted to LWOP but the LWOP conversion would not change their WGI or SCD date (as long as it is a work-related, accepted claim).

The compensation the employee would have been entitled to from OWCP would pay a part of the buy-back cost (66 2/3 % or 75 %), and the employee would pay the difference (33 1/3 % or 25 %). The amount the employee would be required to pay will depend on several factors such as the length of the period of disability and the appropriate deduction taken for retirement contributions, HIT (Medicare Tax, Basic Life Insurance and Thrift Savings Plan. These items will reduce the amount the employee would need to pay out of pocket since they may not contribute to TSP or FERS/CSRS while they are in non-pay status.

Buy-back procedures cannot begin until OWCP approves the claim. It is advisable to delay a leave buy-back request until a return to duty. There is an exception if the employee must retire. Leave buy-backs MUST be requested within one year of return to duty/retirement.

The buy-back process may take 3-6 months to complete. Additional information can be provided to you on the leave buy-back process by calling HRFO, or [click here to review the forms and instructions in the leave buy back section](#) of this guide.

## WHAT REQUIREMENTS A CLAIM MUST MEET

1. TIME – What is the time limit for filing?
  - A. STATUTE OF LIMITATIONS
    - a. [Continuation of Pay](#) – 30 days for filing Form CA-1
    - b. Compensation - 3 years
2. CIVIL EMPLOYEE – What is a civil employee?

Any employee except for non-appropriated fund employees
3. FACT OF INJURY – How is ‘Fact of Injury’ established?
  - A. Occurrence of Event – Did it really happen?
  - B. Existence of Medical Condition – Was a physician seen and a diagnosis made?
4. PERFORMANCE OF DUTY – How is ‘Performance of Duty’ established?
  - A. Agency Premises
    - a. Outside working hours
    - b. Representational functions
    - c. Parking facilities
    - d. Agency housing
  - B. Off-Premise Injuries
    - a. To and from work
    - b. Lunch hour
    - c. Travel status –all activities incident to the travel
    - d. Vehicular accidents
  - C. Other Factors
    - a. Recreation
    - b. Horseplay
    - c. [Assault/Work Place Violence](#)
    - d. Assisting in an emergency

CAUSAL RELATIONSHIP – Opinions of the supervisor are not considered.

- A. Kinds –This is a medical issue decided by OWCP
  - a. Direct causation
  - b. Aggravation of pre-existing condition
  - c. Acceleration
  - d. Precipitation
- B. Medical Evidence
- C. Consequential and Intervening Injuries

### STATUTORY EXCLUSIONS

- A. [Willful Misconduct](#)
- B. [Intoxication](#)
- C. [Intent to Bring About Injury or Death to Oneself or Another](#)

For more details go to [Publication CA-810, Chapter 3](#) and [Publication CA-550, Chapter C](#)

**WHAT FORM(S) ARE NEEDED WHEN AN EMPLOYEE REPORTS TO ME THAT HE/SHE HAS SUFFERED AN INJURY AT WORK**

*All original forms must be sent directly to HRFO , including forms that show no time lost or medical expense. Any other procedure delays employee receipt of OWCP benefits which may be payable. Area Occupational Health and Safety Specialists will be supplied a copy of each report of injury on a monthly basis.*

**TRAUMATIC INJURY – FORM CA-1**

Employee reports that he/she has a wound or other condition of the body caused by external force, including stress or strain. The injury is identifiable by time and place of occurrence and member of the body affected; it must be caused by a specific event or incident or series of events or incidents within a single day or work shift. (e.g. cut, slip, trip, fall, or pulled muscle)

<u>IF</u>	<u>AND</u>	<u>THEN COMPLETE</u>
No Medical Expense	No Lost Time	Form CA-1
No Medical Expense	Lost Time	Form CA-1
Medical Expense	No Lost Time	Form CA-1 CA-16
Medical Expense	Lost Time and Less Than 45 Days COP	Form CA-1 CA-16 CA-17*
Medical Expense	Lost Time and Beyond 45 Days COP	Form CA-1 CA-16 CA-17* CA-7** CA-20***

\* **CA-17** – Given to employee each time they have a doctor’s appointment. Advise employee to return it to their official supervisor for review, comment and forwarding to HRFO, right after their appointment. Physician may have their own version of the form or Form CA-20 may be used. As long as it contains the same information including the date of the next appointment it is acceptable for HRFO.

\*\* **CA-7** - Given to employee if they choose to take Leave Without Pay (LWOP) and have OWCP compensate them for loss of wages due to disability for a work-related injury. Also used for schedule awards and leave buy-backs.

\*\*\* **CA-20** – Employee must have this form completed if they are filing Form CA-7, Claim for Compensation, each time they have a physician’s visit. OWCP may withhold compensation until a detailed doctor’s report is received.



## OCCUPATIONAL DISEASE OR ILLNESS – FORM CA-2/CHECKLIST CA-35 (A-H)

Employee reports that he/she has a condition produced in the work environment over a period longer than one workday or shift. It may result from systemic infection, repeated stress or strain, exposure to toxins, poisons, or fumes, or other continuing conditions of the work environment.

Occupational claims which are filed showing no medical expense and no lost time will generally be denied by OWCP. However, the employee should document dates, times of incidents, exposures and any other pertinent information for inclusion in a future claim where medical care is needed.

<u>IF</u>	<u>AND</u>	<u>THEN COMPLETE</u>
Medical Expense	No Lost Time	<a href="#">Form CA-2</a> and <a href="#">Checklist CA-35 (A-H)</a>
Medical Expense	Lost Time	<a href="#">Form CA-2</a> and <a href="#">Checklist CA-35 (A-H)</a> <a href="#">Form CA-17*</a> <a href="#">Form CA-7**</a> <a href="#">Form CA-20***</a>

---

\* [CA-17](#) – Given to employee each time they have a doctor’s appointment. Advise employee to return it to their official supervisor for review, comment and forwarding to HRFO, right after their appointment. Physician may have their own version of the form or Form CA-20 may be used. As long as it contains the same information including the date of the next appointment it is acceptable for HRFO.

\*\* [CA-7](#) - Given to employee if they choose to take Leave Without Pay (LWOP) and have OWCP compensate them for loss of wages due to disability for a work-related injury. Also used for schedule awards and leave buy-backs.

\*\*\* [CA-20](#) – Employee must have this form completed if they are filing Form CA-7, Claim for Compensation, each time they have a physician’s visit. OWCP may withhold compensation until a detailed doctor’s report is received.

These forms are not intended to replace any of the other forms the Agency may require to be filed in conjunction with OSHA, IPSA, or other Agency requirements regarding plant hazards.

Click on the above form numbers for an explanation of each form.

## THIRD PARTY SETTLEMENTS

USDA – FSIS Field Employees are exposed to hazardous working conditions on a daily basis. However, there are many instances when an employee injury is CAUSED by a person or object. This may place a legal liability on a party other than the United States Government to pay the damages. The Government has a subrogation interest (the right to recover any payments it made if the claimant collects money from another source).

“Third-Party” claims include claims against individuals and products. For example, if an employee is struck and injured by a car while in travel status, a suit against the driver could be brought. If a piece of office furniture is defective and causes an injury a suit against the manufacturer can be brought.

In FSIS, “third-party” liability very easily becomes a gray area. Due to the nature of operations in a meatpacking establishment, it is not always possible to maintain the safest of environments. Slippery floors must be constantly recognized and paid attention to. Consequently, in general, slips and falls in the meatpacking establishment must be related to plant negligence before the true “third-party” responsibility enters in. Keep the concept of negligence in mind before answering this question on Forms CA-1 or CA-2.

**Supervisors or Agency Officials are encouraged to include any information regarding possible “third-party” claims on Form CA-1, Notice of Traumatic Injury, Items 30-31 or Form CA-2, Notice of Occupational Disease, Items 33-34.** Separate attachments that should be included would be the report investigating the incident filed by the safety committee, agency official or the supervisor. In the case of a motor vehicle accident the police report and USDA – FSIS Travel Authorization would be needed.

While a claim is pending against the “third-party”, OWCP continues to provide the full range of medical and compensation benefits authorized by the Federal Employee’s Compensation Act.

Employees that fail to report a suit/settlement against a “third-party” and collect OWCP benefits also may be subject to loss of compensation rights. No court, insurer, attorney, or other person shall pay or distribute to the beneficiary the proceeds of such settlement without first satisfying or assuring satisfaction of the United States. The employee, or their representative must contact OWCP with the information and to receive guidance.

The Federal Employee’s Compensation Act specifies how the “third-party” recovery shall be distributed. Refer to [20 CFR, Part 10, Subpart H, 10.705 – 10.719](#).

[Publications CA-810, Revised January 1999, Chapter 4-1 \(E\)](#) and [Publication CA-550, Revised January 1999, Section G, Questions G-23 to G-25](#) may be referred to for additional information.

## PENALTIES

A. [20 CFR 10.15](#) addresses waiver of compensation rights as follows:

No employer or other person may require an employee or other claimant to enter into any agreement, either before or after an injury or death, to waive his or her right to claim compensation under the Federal Employees Compensation Act -FECA. No waiver of compensation rights shall be valid.

B. [20 CFR 10.16](#) addresses criminal penalties in connection with a claim under FECA as follows:

(a) A number of statutory provisions make it a crime to file a false or fraudulent claim or statement with the government in connection with a claim under the FECA, or to wrongfully impede a FECA claim. (see [Publication CA-810, Revised January 1999, Section 1-6](#))

(b) In addition, administrative proceedings may be initiated under the Program Fraud Civil Remedies Act of 1986 to impose civil penalties and assessments against persons who make, submit, or present, or cause to be made, submitted or presented, false, fictitious or fraudulent claims or written statements to OWCP in connection with a claim under the FECA (see [Publication CA-810, Revised January 1999, Section 1-6](#)).

C. [20 CFR 10.17](#) addresses the effects to a beneficiary who defrauds the government in connection with a claim for benefits (see [Publication CA-810, Revised January 1999, Section 1-6](#)).

Penalties for falsification of reports are as follows:

EMPLOYEES who knowingly file fraudulent claims may be punished by a fine and/or imprisonment.

EMPLOYEES who aid another employee in filing a fraudulent claim may be punished by a fine and/or imprisonment.

OFFICERS or EMPLOYERS of the United States Government responsible for making reports such as an "OFFICIAL SUPERIOR" who fails, neglects, or refuses to make a report of injury or files a false report shall be fined and/or imprisoned.

**WILLFUL MISCONDUCT, INTOXICATION OR INTENT TO INJURE SELF OR  
OTHERS  
SUPERVISORS RESPONSIBILITY**

Willful misconduct is a statutory exclusion to compensation benefits and appears in the FECA at 5 USC 8102 (a) (1).

It is up to OWCP to establish that there was misconduct, that it was full, and that the willful misconduct resulted in injury.

OWCP procedures stipulate that DISOBEDIENCE OF A SAFETY RULE OR ORDER may constitute deliberate misconduct and destroy the right to compensation only if the misconduct is deliberate and intentional as distinguished from careless and heedless.

Under general guidelines OWCP would need the following information from the supervisor. We will use Personal Protective Equipment (PPE) as our example.

- Identify the particular rule or regulation which was reportedly violated
- State how, when and how often the employee and other employees were informed of the rule/regulation
- State how the rule is enforced
- State what disciplinary action has been taken

The employee would need to submit his/her own statement with the following information:

- State whether they were aware of the rule/regulation
- State how many times and in what manner they were informed of it
- State reason for violating the rule and an explanation that would justify violating the rule

Similar statements may be required from co-workers.

The Employee Compensation Appeals Board has ruled that this can only apply to the “deliberate violation of known regulations designed to preserve the employee from serious bodily harm”. Also OWCP must prove the employee understood the “seriousness of the consequences...of violation of the safety rule...”. If not, it can only be described as heedless rather than a deliberate intention to harm himself. (Jacksonville OWCP District Office)

Refer to the following sources for guidance regarding workplace violence

- FSIS Notice 19-02, dated 5/28/02; Workplace Violence Policy Statement
- “The USDA Handbook on Workplace Violence Prevention and Response” dated 12/1998
- Guidebook “Workplace Violence Prevention: Self-Instruction Guide for FSIS Supervisors”
- Quick reference guide, “Workplace Violence , Handling Critical Incidents” dated 9/2000
- Pamphlet “Preventing Workplace Violence: A Guide for FSIS Employees”
- [FSIS Directive 4735.4, Revision 2, Reporting Assaults, Threats, Intimidation or Interference](#)
- [EAP, Employee Assistance Program](#)

**FORM CA-1**  
**(REVISED APRIL 1999)**

Form CA-1, [Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation](#), is used to report the occurrence of a traumatic injury. In addition, it functions as the injured employee's claim for 'Continuation of Pay' (COP – Code 67). OWCP will not pay any medical expenses or even establish a case file until the CA-1 is received.

The CA-1 should be completed immediately after the injury occurred. The front page is completed by the employee or the person acting on their behalf, or the supervisor if there is no one acting on behalf of the employee. There is a section on the bottom of the front page for any witness to the injury to complete. The back side of the form is completed in most part by the immediate supervisor. Please make sure there are original signatures and dates for the employee, any witness(s) and the supervisor.

ALL CA-1 forms should be mailed to HRFO immediately after completion. OWCP keeps track of timeliness and if the CA-1 is not received in their office within 14 days from the date the EMPLOYEE signed the form it is noted as a deficiency. The timeliness of these reports are passed on to Headquarters.

Timely submission also insures that the injured worker receives the OWCP benefits available to them, such as medical care, compensation for loss of wages without substantial interruption and the assignment of an OWCP nurse.

[Click on traumatic injury](#) to review the definition of what a 'traumatic injury' is under FECA guidelines.

[Click here](#) to download a printable version of the current [Form CA-1](#).

[Click here](#) to receive instructions on the [completion of Form CA-1](#) by USDA personnel.

## COMPLETION OF FORM CA-1 BY EMPLOYEE AND SUPERVISOR

**EMPLOYEE – Complete in blue or black ink. If your writing is faint or not legible please ask for assistance. These forms are scanned by OWCP. NO PENCIL.**

Boxes 1 – 8 are self-explanatory. Address should be complete so that OWCP may send the employee correspondence. Grade as of date of injury should be correct so that if OWCP needs to pay compensation the pay information is correct.

Box 9 – Place where injury occurred

Include the exact location of the accident. Be specific which area of the plant the incident occurred and include the name, address, city and state.

**THE ESTABLISHMENT NUMBER IS MANDATORY.**

Box 10 -11 – Date and time injury occurred  
And Date of this Notice

This is important since there are regulations concerning the [statute of limitations](#) regarding the time for which a claim is filed.

Box 12 – Employee’s Occupation

It is best to provide your ‘official’ title on your standard job description.

Box 13-14 – Cause of Injury and  
Nature of Injury

This information should be **very specific**. If additional space is needed you may attach a separate sheet of paper with your name, SSN, Form CA-1, Section #. Simply writing that you cut your pinky finger is NOT sufficient and may cause delays with OWCP while they send out a request for additional information. You should also indicate if appropriate Personal Protective Equipment was worn at the time of the incident.

Box 15 – Employee Signature and  
Election of Pay

Employee checks box A or B in this section. If an employee elects to use their own sick or annual leave it is not an irrevocable decision. The employee must request changing to [COP – Code 67](#), but it [must be done within one year of the date the leave was used](#). SIGN AND DATE THE FORM and give to supervisor the same day.

Box 16 – Witness Statement

Self-explanatory – additional pages may be added if necessary

**SUPERVISOR – Complete in blue or black ink. If your writing is faint or not legible please ask for assistance. These forms are scanned by OWCP. NO PENCIL.**

The shaded areas on the front (employee portion) of the Form CA-1 should be completed by the supervisor.

a. Occupation Code

For example -  
GS-1863 – Food Inspector  
GS-1801 – Compliance Officer  
GS-0701 – Veterinary Medical Officer  
(letters signify the pay plan)

b. [Type Code](#)

Click on Type Code for link.

c. [Source Code](#)

Click on Source Code for link.

Box 17 – Agency Name and Address

**USDA – FSIS – HRFO  
Butler Square West, Suite 420C  
100 North Sixth Street  
Minneapolis, MN 55403**

OWCP Agency Code

Always 8324MN for OFO

OSHA Site Code

Ten Digit Number consisting of the Agency, Program, Sub-Program, District and Circuit. Let HRFO complete this if you do not know for sure.

Box 18 – Employee’s Duty Station

**ESTABLISHMENT NUMBER IS MANDATORY.** Also include the name and address, including zip code of the plant or work site.

Box 19 – Employee’s Retirement Coverage

Check which is applicable. If you do not know let HRFO complete.

Boxes 20 – 21 – Regular Work Hours and Work Schedule

Indicate normal tour of duty if employee is full-time and does not rotate. If employee is part-time or rotates from day to evening shift on a regular basis, please provide a breakdown. If the employee is intermittent, just write this in both boxes.

Boxes 22-25 - Dates

Complete each box. If unsure about date 45-day period began consult section on [Continuation of Pay](#). Also the date the employee returns to work is essential to OWCP and Agency costs. If the employee has returned to work or does so after the form has been sent in please send an e-mail or call the Compensation Claims Technician in HRFO immediately.

Box 28 – [Performance of Duty](#)

Please make a notation here if the employee was working overtime when injured. For further information click on [Performance of Duty](#) or refer to [Publication CA-810, Chapter 3](#).

Box 29 – [Misconduct, Intoxication](#)

For further information click on [Misconduct](#) or refer to [Publication CA-810, Chapter 3](#).

Boxes 30-31 – [Third Party Information](#)

For further information click on [Third Party Information](#). Also, filing a third party claim generally will not expose you reassignment. If there is any question whether an injury occurred due to the negligence of another then complete this section of the form and let OWCP pursue.

Boxes 32-34 – Medical Care Information

This information is the same as what is used on Form CA-16, Authorization for Medical Treatment. It is important for OWCP to have this information so a Nurse may make contact if the CA-1 indicates the employee is still off work.

Box 35 – [Do the Facts Agree](#)

This may bear some investigation on the part of the supervisor. Provide factual information. For example, was the employee wearing their Personal Protective equipment when he/she was injured.

Box 36 – [Controversion of Pay](#)

For further information click on [Controversion of Pay](#). If additional space is needed you may attach a separate sheet of paper with the name of



the injured worker, their SSN, Form CA-1, Section ## attachment. Include any factual evidence to support your challenge, such as the results of an investigation, etc.

Box 37 – Pay Rate

Let HRFO complete this.

Box 38 – Signature of Supervisor

Please complete all of this information including a telephone number and the best time to reach you. You may also include your Outlook e-mail address.

Box 39 – Filing Instructions

**BE SURE TO CHECK ONE OF THE LISTED ITEMS.** This allows the Compensation Claims Technician to file the form in the correct manner to insure benefits to the employee.

Complete the Receipt of Notice of Injury and give to the injured worker. It is not necessary to send a copy of this to HRFO unless there is a dispute regarding the timely completion of the form/claim.

Explain to the employee that they should keep this receipt for their records since it does contain information pertaining to the benefits to which they may be entitled.

**FORM CA-2**  
**(REVISED JANUARY 1997)**

Form CA-2 is used to report the occurrence of an occupational disease or illness. The definition of an occupational injury/illness under FECA is *a condition produced in the work environment over a period of longer than one workday or shift. It may result from systemic infection, repeated stress or strain, exposure to toxins, poisons, or fumes, or other continuing conditions of the work environment.*

References include [Publication CA-810, Chapter 2, Section 3](#) and [Publication CA-550, Section B](#).

If an employee comes to you and indicates that they think they have *carpal tunnel syndrome* you would give them [Form CA-2](#) and two (2) copies of [Checklist CA-35H](#).

**IMPORTANT**

In addition to completing the CA-2, both the employee and supervisor must complete narrative statements as described in the instructions attached to the form. As explained in the instructions, the supervisor must also obtain various records and statements from others (previous medical reports of non-work related injuries and plant specific job description). All this information and the detailed medical report described, should be submitted along with the CA-2.

THE SUPERVISOR SHOULD NOT HOLD THE CA-2.

Inaccurate or incomplete claims will delay OWCP's decision.

The Supervisor completes Sections 19-35 on Form CA-2 and reviews the employee's statements. The Supervisor also answers the questions for the Employing Agency on the CA-35 checklist on a separate sheet of paper. The information provided should include the employee's name and social security number at the top of the page and should be signed and dated by the supervisor to bear weight in the case.

If the disease or illness does not fall under [Checklists CA-35 B – H](#) then use Checklist CA-35A.

Mail all CA-2 forms and the accompanying information to HRFO, immediately after completion. OWCP keeps track of timeliness and if the CA-2 is not received in their office within 14 days from the date the EMPLOYEE signed the form it is noted as a deficiency. The timeliness of these reports are passed on to Headquarters.

Timely submission also insures that the injured worker receives the OWCP benefits available to them, such as medical care, compensation for loss of wages without substantial interruption and the assignment of an OWCP nurse.

[Click here to download a printable version of the current Form CA-2.](#)

[Click here to receive instruction on the completion of Form CA-2 by USDA personnel.](#)

[Click here for Forms CA-35 \(A,B, D-H\).](#)

## COMPLETION OF FORM CA-2 BY EMPLOYEE AND SUPERVISOR

**Employee – Complete in blue or black ink. If your writing is faint or not legible please ask for assistance. These forms are scanned by OWCP. NO PENCIL.**

Boxes 1 through 6 are self-explanatory.

Box 9 – Employee’s Occupation

It is best to provide your ‘official’ title on your standard job description.

Box 10 – Location where worked

Include the exact location of the plant. Be specific about the address and **BE SURE TO INCLUDE THE ESTABLISHMENT NUMBER.**

Box 11-12 – Dates

This is very important since there are regulations concerning the statute of limitations regarding the time for which a claim is filed.

Box 13 – Relationship to Employment

This should be very specific. For example, if you are filing a claim for Carpal Tunnel Syndrome, go into detail about the line speed, inspection technique, and product per minute/hour.

Box 14 – Nature of Disease or Illness

This is one reason why going to a physician first helps complete the form. For example, Carpal Tunnel Syndrome as shown to exist by the attached NCV report from the doctor.

Box 15 – Delay in Filing

Self-explanatory

Box 16 – Statement

See the instructions to the form. Understand that OWCP may ask for duplicate information on Form CA-2 and Checklist CA-35 but a well-written statement that covers all the details is necessary.

Box 17 – Medical Reports

OWCP will not accept a medical condition without a medical report. Even though the supervisor could not issue a

authorization for treatment form (CA-16) the employee must get this report to get claim looked at by OWCP.

Box 18 – Employee Signature

This form should be given to the supervisor the date it is signed. There is a time factor involved.

If additional space is needed an 8 ½ x 11 sheet of paper with the name, social security number and date of injury listed at the top may be attached. Once a claim number is assigned it should be used on all correspondence.

**SUPERVISOR – Complete in blue or black ink. If your writing is faint or not legible please ask for assistance. These forms are scanned by OWCP. NO PENCIL.**

The shaded areas on the front (employee portion) of the Form CA-2 should be completed by the supervisor.

a. Occupation Code

For example  
GS-1863 – Food Inspector  
GS-1801 – Compliance Officer  
GS- 0701 – Veterinary Medical Officer  
(letters signify pay plan and numbers signify job series)

b. [Type Code](#)

Click on Type Code for link.

c. [Source Code](#)

Click on Source Code for link.

Box 19 – Agency Name and Address

**USDA – FSIS – HRFO  
Butler Square West, Suite 420C  
100 North Sixth Street  
Minneapolis, MN 55403**

OWCP Agency Code

Always 8324MN for OFO

OSHA Site Code

Organization Code. Ten digit number consisting of the Agency, Program, Sub-Program, District and Circuit. If you do not know this let the Technician complete this.

Box 20 – Employee’s Duty Station

**ESTABLISHMENT NUMBER IS MANDATORY.** Also include the name, address, including zip code of the plant or work site.

Boxes 21 & 22 – Regular Work Hours and Work Schedule

Indicate normal tour of duty if employee is full-time and does not rotate shifts. If employee rotates from day to night shift on a regular basis or is part-time please provide a breakdown. If the employee is intermittent, just write this in both boxes.

Box 23-25 – Medical Care Information

If the employee is disabled from work or comes to the supervisor with a medical excuse write down the information requested.

Box 26 - Date Employee First Reported Condition to Supervisor

Consider previous work-related exposures that the employee mentioned and did not fill out a form for because no medical attention was needed.

Box 27 – Date and Hour Stopped Work

If the employee did not stop work just write “did not stop” or some comment. If the employee just left work for a few hours to attend a physicians appointment that is not considered ‘stopping work’. Only write in a date if the doctor has taken employee off work for a period of time.

Box 28 – Date Pay Stopped

This would be the date the employee enters a NON-PAY status such as Leave Without Pay or AWOL. If the employee is using their own sick or annual leave then include a copy of the T&A’s or a pay period by pay period listing of leave used due to the claimed injury.

Box 29 – Date Last Exposed

This would be the date the employee last worked for USDA or the date their physician took them off work and has not yet returned them to work. You would write N/A if the employee continues to do the same job they were doing when they claimed the injury occurred.

Box 30 – Date Returned to Work

This is self-explanatory. If the employee just took off for a doctor’s appointment that is not considered a work stoppage.

Box 31 – Assignment Changed

This is for those employees that have had their assignment changed due to the work injury. If the employee has been promoted recently or changed jobs for other reasons make sure this is indicated also. The whole purpose of this question is whether the USDA has changed their job due to the claimed work-related injury.

Box 32 – Retirement Coverage

This section will be completed by the Compensation Claims Technician in HRFO.

Box 33-34 – [Third Party Claim](#)

This will always be checked yes if there is any negligence on the part of someone other than the United States Government. An example would be like plantar fasciitis of the foot caused by having to stand on concrete floors all day. Click on [Third Party Claim](#) for more information.

Box 35 - Supervisor Signature

Please complete all of this information including a phone number and the best time to reach you. If the supervisor disagrees or is unsure about any information on the claim they should specify in this area of the form and enclose evidence to support it.

Complete the Receipt of Notice of Injury and give to the injured worker. It is not necessary to send a copy of the receipt to HRFO unless there is a dispute regarding the timely completion of the form/claim.

Explain to the employee that they should keep this receipt for their records since it does contain information pertaining to the benefits to which they may be entitled.

If you have not already done so, give the employee the appropriate [Checklist CA-35](#) so they can gather the information and have it available when it is requested. However, it would be beneficial to the employee if this information was submitted with Form CA-2 to avoid delays in the adjudication of their claim.

**FORM CA-2A, NOTICE OF RECURRENCE  
OF DISABILITY**

The definition of recurrence is: *An employee who sustained an occupational injury or disease suffers disability for work due to the original injury, and such disability occurs after the employee returned to work following the injury, and the disability is the result of*  
*(1) a spontaneous return of the symptoms of the previous injury or disease without intervening cause, or*  
*(2) the need for medical treatment, other than a usual office call, for residuals of the previous condition.*

*In these instances [Form CA-2a](#) is required.*

*If a new incident or injury occurs which precipitates the disability, even if the injury is to the same part of the body previously injured, or is new exposure to the same cause(s) of a previously suffered occupational disease, this constitutes a new injury and [Form CA-1](#) or [CA-2](#) should be filed accordingly.*

After reading the definition for a recurrence, if the employee feels that it is a recurrence then they should file Form CA-2a along with a medical report which includes:

- Dates of examination and treatment
- History given to physician by you
- Detailed description of findings, including any test results
- Diagnosis, and clinical course of condition
- Physician's opinion, with supporting explanation, as to the causal relationship between the current disability/condition and the original injury.

In completing the CA-2a, the employee should be very specific on items 11-21. Has it come and gone? Has it been present continuously? What symptoms have they experienced? What seems to make it worse? Better? What treatment has been effective in controlling or curing it?

Since this can be such a gray area it is advisable that the employee contact the OWCP District Office where their claim was filed for further direction.

**The Supervisor MUST NOT issue a CA-16 authorizing treatment if this is for a recurrence.**

**FORM CA-7**  
**(REVISED NOVEMBER 1999)**

Form CA-7 is used to claim compensation for loss of wages, leave buy-backs, and schedule awards. A separate form should be used for each of the above.

**COMPENSATION FOR LOSS OF WAGES**

If an employee stops work due to a work-related injury they may choose to have compensation paid to them by OWCP.

- The employee must not be claiming any wages from USDA such as sick or annual leave. In other words the employee MUST be using Code 71 – LWOP or Code 72 – AWOL on the T&A for the dates on the CA-7.
- OWCP recommends no more than 30 days on each form. Compensation will not be paid on an accepted claim until the ending date on the form.
- OWCP may put an injured worker on the periodic rolls and advise them the CA-7 is no longer necessary. However, medical documentation is still required to be sent after each appointment to the supervisor, HRFO and OWCP.
- If the claim has not been accepted there will be a delay in payment of compensation by OWCP that could be substantial, especially if there is missing information.
- The employee is NOT required to use their own sick or annual leave before claiming non-pay status and filing Form CA-7.
- If non-pay status will exceed 30 days, the Benefits Specialist in HRFO will prepare and process an SF-52 showing that LWOP is due to OWCP.
- A copy of the T&A for the dates shown on the CA-7 will be requested for verification of LWOP/AWOL status.
- OWCP will NOT pay compensation for loss of wages unless there is medical evidence of disability in the file for the dates claimed and USDA is unable to offer any alternative employment.
- Form CA-7 should be submitted immediately to HRFO. OWCP requires the Form CA-7 in the hands of the claims examiner within seven (7) days of the employee signature date.
- HRFO will send an employee using Code 67 a letter explaining their pay options along with Form CA-7 about 14 days before the 45 calendar day period ends. Medical documentation is crucial to prevent lapses in communication/possible income sources.
- OWCP will pay compensation at the rate of 66 2/3 % (no dependents or spouse) or 75% (spouse living with them or dependents).
- Compensation does include Base Pay, Night Differential, Sunday Premium and Holiday Premium, NOT Overtime.
- If an employee is on LWOP/AWOL on the day before and the day after a holiday they are NOT entitled to Holiday Pay.

[Click here to download a printable version of the current CA-7.](#)

[Click here to receive instructions on the completion of Form CA-7 by USDA personnel.](#)



## **STEP BY STEP COMPLETION OF FORM CA-7**

**Complete in blue or black ink. If writing is faint or illegible OWCP will not be able to scan the form. NO PENCIL.**

### **Employee Portions – Sections 1 through 7**

**Section 1 is self-explanatory. There must be a claim number on the form.**

#### **Section 2**

- a. Leave Without Pay** – Write in dates you are claiming compensation for. This should not be more than 30 days. If leave use is sporadic such as two hours for a doctor visit or employee is on a work hardening program of four hours per day, check the box for intermittent. The term intermittent on this form does NOT mean the type of employee filing the claim.
- b. Leave Buy Back** - This would be the beginning through ending date of leave used for an accepted injury that the employee wishes to buy back. A Form CA-7a needs to be completed also. [Click here for information on Leave Buy Backs.](#)
- c. Other Wage Loss** - This box would be checked if the employee is losing Night Differential, Sunday Premium, because of work restrictions or a temporary reassignment during recovery. NOT OVERTIME.
- d. Schedule Award** - Employee has been informed and been given a medical report from his/her physician that they are at “maximum medical improvement” and they have a partial permanent impairment rating based on the *American Medical Associations Guidelines to the Evaluation of Permanent Impairment, 5<sup>th</sup> Edition.*

**A SEPARATE CA-7 MUST BE FILED FOR EACH OF THE ABOVE WITH THE EXCEPTION OF ‘C’.**

#### **Section 3**

Employee must check yes and report full or part-time work, volunteer activities, and earnings from self-employment.

#### **Section 4**

If employee checks ‘yes’ and wishes to have direct deposit of compensation they should go to their financial institution and get [Form SF-1199A](#). Due to a different pay system OWCP does not get direct deposit information from USDA.

If employee checks 'no' they should verify their dependents have not changed and their direct deposit information has not changed since the last CA-7.

### **Section 5**

This information is important since the different pay rates can be quite substantial (66 2/3 % vs. 75 %). Qualifying dependents for the higher rate are:

- (a) a wife or husband residing with the employee or receiving regular support payments from him/her;
- (b) an unmarried child under the age of 18 and lives with the employee or receives regular contributions of support from him/her;
- (c) an unmarried child over the age of 18 and incapable of self-support due to physical or mental disability;
- (d) an unmarried child between 18 and 23 years of age, who is a student, has not completed four years of post-high school education, and is regularly pursuing a full-time course of study;
- (e) a parent wholly dependent upon and supported by the employee.

### **Section 6**

Be sure to complete this section even if you have applied for but not yet received any benefits from other Agencies.

### **Section 7**

Sign and date the CA-7 form and send it directly to HRFO with a copy of the T&A(s).

### **Employing Agency Portion of Form CA-7**

### **Section 8**

To be completed by HRFO

### **Section 9**

a. Check 'yes' if the work schedule never varies and write in the duty hours exclusive of any overtime or pre-op duties.

Check 'no' if the work schedule varies because the employee is WAE-Intermittent, Relief Vet or Relief Inspector and has no regular tour of duty, or a rotating shift based on the Local Agreement. Indicate this information to the right of the box or on a separate sheet of paper. An extra computation will have to be prepared.

b. Check 'yes' if the employee has been with the Agency for 11 months prior to the injury.

Check 'no' if WAE-Intermittent or New Employee

### **Section 10**

This portion only needs to be completed on the first CA-7 or if a change is made to benefits. HRFO will get this information from NFC.

**Section 11**

This section only applies to traumatic injuries. Allow HRFO to complete this section.

**Section 12**

Send a copy of the T&A for the dates shown. It is important not to have the employee overpaid and have a large debt to pay back when they return to work.

**Section 13**

Any return to work, whether it is alternate duty, [work hardening](#) or full-time should be reported immediately to the Compensation Claims Technician in HRFO. You may send them an e-mail, call or fax. Please indicate the date and type of work (Regular, Work Hardening, etc.).

**Section 14**

If there are any remarks, such as the date of the next doctor appointment, they should be written here.

**Section 15**

Supervisors may send these forms in to HRFO without signing them. The Compensation Claims Technician (CCT) will verify and sign it if a T&A accompanies the form or if the pay has already processed at NFC. The address label from HRFO, Minneapolis, MN is put on the bottom of the form and the CCT as the contact person because they are most familiar with the OWCP rules/regulations.

OWCP requires a medical report before payment of compensation for loss of wages or permanent disability can be paid to the employee. It is recommended that you advise the employee of this requirement. A medical report should cover from one appointment to the next.

If the physician has indicated that the employee can perform some type of work, carefully review, possibly even discuss with the Circuit Supervisor, District Office or CCT what employment options there are. If there are none please comment on this in Section 14.

**FORM CA-16**  
**(REVISED OCTOBER 1988)**

*Form CA-16, Authorization for Examination And/Or Treatment*, is used to authorize examination and appropriate medical care when an employee sustains a TRAUMATIC INJURY while on duty. It is rarely used for Occupational Injury and then only with the specific direction of the OWCP claims examiner. **FOR OUR PURPOSES DO NOT ISSUE A CA-16 FOR OCCUPATIONAL DISEASE OR ILLNESS CASES UNLESS ORDERED BY OWCP.**

*Since Form CA-16 is like a “blank check” charged to our Agency it is **extremely important** that the supervisor **complete the form in full** before the employee takes it to the physician.*

- Form CA-16 should be issued within four hours of traumatic injury.
- If the supervisor doubts whether the employee’s condition is related to the employment, he or she should so indicate on the Form CA-16, Section 6, (B)(2).
- When the employee is incapable or there is no time to complete a Form CA-16, the supervisor may authorize treatment by telephone, get a fax number and then fax the completed form to the medical facility within 48 hours.
- The supervisor should use discretion when issuing a Form CA-16 after 24 hours of the injury.
- The supervisor may refuse to issue a CA-16 if more than a week has passed since the injury. This is allowed on the basis that the need for immediate treatment would become apparent in that period of time.
- An employee may NOT use Form CA-16 to authorize his/her own treatment.
- If Form CA-16 is issued to a [chiropractor](#) for emergency care and the condition diagnosed is other than subluxation, OWCP will honor the charges incurred and terminate the authority of Form CA-16. USDA – FSIS will not allow the use of Continuation of Pay – Code 67 if the diagnosis from a chiropractor is other than subluxation. [Click here for a definition of what OWCP allows for Chiropractic care and treatment by Nurse Practitioners and Physicians Assistants.](#)
- Form CA-16 is valid for a period not to exceed 60 days from the date the supervisor signed it or OWCP terminates the form in writing, whichever occurs first. This includes referrals to the family practitioner for follow-up care, specialists, physical therapy, x-ray or laboratory or emergency surgery. The attending physician would list the referral on Form CA-16, Box 33.
- Form CA-16 does not cover elective surgery.

Call HRFO, Mpls. if you need form CA-16.

[Click here to receive instructions on the completion of Form CA-16.](#)

**COMPLETION OF FORM CA-16 BY AGENCY OFFICIAL/SUPERVISOR**

**SUPERVISOR – Complete in blue or black ink. If your writing is faint or not legible please ask for assistance. These forms are scanned by OWCP. Keep a copy and advise the employee to keep a copy for further treatment within the 60 day period. NO PENCIL.**

**Part A – Authorization**

Box 1 – Name and address of the  
Physician or Medical Facility

Enter complete name and address. [Click here to see caution regarding treatment by chiropractors, nurse practitioners and physician’s assistants.](#)

Boxes 2-4 are self explanatory.

Box 5 – Description of Injury/Disease

Be specific in describing the nature of the injury. This is what the physician may need to use to describe how the incident is related to the claimed medical condition.

Box 6 – Authorization Section

Check Box 1 or 2 under B. Generally you will check box 1 to furnish the treatment as necessary . Only if there is grave doubt or a lapse in request for medical treatment would you check box 2.

Box 7 – OWCP Approval

Provided by HRFO.

Boxes 8-11 are self-explanatory.

Box 12

This will be completed by HRFO and forwarded to OWCP with the initial CA-1, or if received after, forwarded to OWCP when a claim number is issued.

Box 13

Use the HRFO address.  
**USDA-FSIS-HRFO**  
**Butler Square West, Suite 420C**  
**100 North Sixth Street**  
**Minneapolis, MN 55403**  
**1-800-370-3747**

## **NURSE PRACTITIONERS AND PHYSICIAN'S ASSISTANTS**

Lay Individuals such as Nurse Practitioners (CNP) and Physician's Assistants (PA) are not competent to render a medical opinion. (Williams, 40 ECAB 649)

If an employee brings you medical documentation from a CNP or PA, advise the employee that OWCP and USDA will not accept the medical documentation unless the physician supervising and reviewing the work has signed off with his opinion and agreement. Have them advise the medical provider of this requirement so that benefits are not withheld. The employee can see the CNP or PA but the MD opinion is required under FECA.

SEE [PUBLICATION CA-810, CHAPTER 6](#) AND [PUBLICATION CA-550, SECTION E](#) FOR THE TYPES OF MEDICAL PROVIDERS THAT MEET THE FECA REGULATIONS.

## **CHIROPRACTORS**

References include [20 CFR Part 10, Chapter I, Subpart D, Medical and Related Benefits, 10.311](#); [Publications CA-810, Chapter 6](#) and [Publication CA-550, Section E](#) and [OWCP Fact Sheet](#).

If the injured employee asks you to write a chiropractors name on Form CA-16, Box 1, advise them of the exceptions to chiropractic care.

20 CFR 10.311 indicates the special rules for the services of chiropractors. They are:

- (a) the services of chiropractors that may be reimbursed are limited by the FECA to treatment to correct a spinal subluxation. The costs of physical and related laboratory test performed by or required by a chiropractor to diagnose such a subluxation are also payable.
- (b) In accordance with 5 U.S.C. 8101(3), a diagnosis of spinal "subluxation as demonstrated by x-ray to exist" must appear in the chiropractors report before OWCP can consider payment of a chiropractor's bill.
- (c) A chiropractor may interpret his or her x-rays to the same extent as any other physician. To be given any weight, the medical report must state that x-rays support the finding of spinal subluxation. OWCP will not necessarily require submittal of the x-ray, or a report of the x-ray, but the report must be available for submittal on request.
- (d) A chiropractor may also provide services in the nature of physical therapy under the direction of a qualified physician.

## **CHIROPRACTORS** **OWCP FACT SHEET**

Until the 1974 Amendments to FECA significantly broadened the definition of “physician”, medical treatment in on-the-job injury and occupational disease cases was limited to treatment provided by a medical doctor (M.D.) or an osteopath (D.O.). The 1974 amendments added chiropractors to the definition – with specific limitations on the reimbursable services provided by chiropractors. In this respect, the statute provides that the term “physician” includes “chiropractors only to the extent that their reimbursable services are limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by x-ray to exist.”

As many employees know, the services of a chiropractor can be the ideal medical treatment; however, an employee with a medical condition that is related to an on-the-job injury or occupational disease must clearly understand that the FECA imposes limitations on the reimbursable services provided by chiropractors. There is no provision for payment of other chiropractic services such as diathermy, traction, ultrasound, heat, vitamins or lab tests.

The bottom line is that OWCP will not, actually cannot reimburse employees for services provided by a chiropractor unless the chiropractor (1) has taken an x-ray of the spine and (2) certifies that the x-ray shows that a “subluxation” exists. Numerous cases have been appealed to the Department of Labor’s Employees’ Compensation Appeals Board on this issue and the Board has consistently held that employees are not entitled to reimbursement for chiropractic services unless both of these specific limitations are met.

Because of these limitations, employees contemplating reimbursable chiropractic treatment under the FECA should also understand that OWCP has defined “subluxation” to mean “an incomplete dislocation, off-centering, misalignment, fixation or abnormal spacing to the vertebrae anatomically which must be demonstrated on any x-ray film to individuals trained in the reading of x-rays.”

In instances where there is conflict between a chiropractor and another physician (e.g., an M.D. with respect to the presence or absence of a subluxation, OWCP will refer the employee’s case and the x-rays to a Board-certified medical radiologist for resolution.

This does not suggest that employees avoid chiropractors – rather, employees should clearly understand that the FECA contains specific limitations on the reimbursable services provided by chiropractors, and be guided accordingly.

## **PART B – ATTENDING PHYSICIAN’S REPORT**

The injured employee takes the Form CA-16 completed by the agency to the physician or medical facility listed in Box 1.

The medical facility should complete Boxes 14 through 38 and have the employee take the form back to their supervisor for review and submittal to HRFO. If time is essential the completed form may be faxed or mailed directly to HRFO.

When Box 33 on the Form CA-16 has a referral, a copy should be retained by the referring medical provider and the employee.

OWCP’s Office of the Director, has provided our Agency with an excellent [explanation of how a Form CA-16 works](#). It is very important that there is a good understanding to avoid delays in getting our employee’s medical treatment. **YOU MAY WISH TO GIVE A COPY TO THE EMPLOYEE TO BRING WITH THEM TO MEDICAL PROVIDERS.**

The injured employee should take the instructions for Form CA-16 with them to their medical provider. This explains their authorization, use of consultants, reports required, release of records, and billing for their services. [Click here for additional caution regarding treatment by chiropractors, physician assistants and nurse practitioners.](#)




**FORM CA-17**  
**(REVISED JANUARY 1997)**

[Form CA-17, Duty Status Report](#), is used to provide the Agency and OWCP with interim medical statements on the injured employee's ability to perform their duties or return to some type of work. The form should be given to the employee for each physician's visit.

- Advise employee to bring [Form CA-17](#) (or a reasonable alternative such as [Form CA-20](#) or clinical report) to you immediately after each doctor's visit.
- Supervisor should review Side B of the completed form and attach a statement indicating which medical restrictions can not be met by the duty station the employee is assigned to.
- The CA-17 and the supervisor statement should be faxed or mailed to HRFO, Minneapolis, MN within 2 days.
- HRFO will review the documents and contact the District Office to determine if there are any alternate duties. The District Office should look within the commuting area for possible reassignment while employee is recovering from their injury.
- USDA has the right to send Form CA-17 directly to the physician for information.
- HRFO will generally attach a copy of the general job description\* to this form when sending to OWCP. If there are any characteristics unusual to your operation they should be specified on a separate sheet.
- Send a copy of the [Work Hardening Program Sheet](#) along with the Form CA-17. This promotes an early return to work.
- [Click here to download a printable version of the general physical requirements, poultry physical requirements and poultry vs. red meat slaughter.](#)

You may need to make revisions since each plant may have its own characteristics. Be realistic but open to any/all adaptations that may be possible without changing USDA's mission/goals.

[Click here to get more information on the completion of Form CA-17.](#)

 \* General Job Descriptions are located in the Microsoft Outlook FSIS Public Folders  
**Public Folders\All Public Folders\Personnel\Standard Job Descriptions**  
(Only available to FSIS employees using Microsoft Outlook for email)

**COMPLETION OF FORM CA-17 BY AGENCY OFFICIAL/SUPERVISOR**

**Supervisor – Complete Side A in blue or black ink. If your writing is faint or not legible please ask for assistance. These forms are scanned by OWCP. Keep a copy for your records since you may need it in the future for another injured worker. NO PENCIL.**

**Side A – Supervisor**

Boxes 1-4 are self-explanatory.

Box 5 – Describe How Injury Occurred

Be specific. This is what the physician will use to make a determination.

Box 6 – The Employee Works

Use separate sheet if necessary especially if you are including overtime. If overtime is infrequent describe in detail how much.

Box 7 (a-t) – Usual Work Requirements

Be specific. If the employee rotates inspection stations, may stand or sit, adjust the height of the work station, number of stairs and how often used, etc. Use a separate sheet if necessary.

It is also helpful to indicate the frequency of breaks and whether they are 10 minutes or 15 minutes. Is there an extra break if overtime is worked?

Are there any unusual work requirements specific to your duty station? If so, describe.

Is the injured worker required to perform pre-op inspection duties? Is so, how often?

**REMEMBER THIS INFORMATION IS IMPORTANT IN DETERMINING AN EMPLOYEE'S ABILITY TO RETURN TO WORK.**

## **FORM CA-20, ATTENDING PHYSICIAN'S REPORT**

Form CA-20, [Attending Physician's Report](#), is used for many different reasons. OWCP will not accept this form as an initial medical report for an Occupational Claim.

For traumatic injury, employee would complete items 1-3 and take it to their physician each time they have a visit. The employee should bring the completed form back to you so that you can determine the work status. Remember to discuss alternative arrangements with your Circuit Supervisor, District Office, CCT or any OWCP assigned Nurse **before** denying the employee the chance to return to work.

For occupational injury, this form would be suitable for interim updates to the employee's work status. Form CA-17 is more appropriate if the physician has indicated the employee may perform some type of work.

## OCCUPATIONAL DISEASE CHECKLISTS

The Federal Employees' Compensation program has developed eight checklists to help employees and agency personnel gather and submit material required for adjudication of occupational disease claims. The forms are listed below.

<b>Form #</b>	<b>Condition Addressed</b>	<b>Rev. Date</b>
<i>Instructions for CA-35 Forms</i>		
<i>CA-35a</i>	<i>Occupational Disease in General</i>	<i>Aug. 1988</i>
<i>CA-35b</i>	<i>Hearing Loss</i>	<i>Aug. 1988</i>
<i>CA-35c</i>	<i>Asbestos-Related Illness And Questionnaire</i>	<i>Oct. 1987</i>
<i>CA-35d</i>	<i>Coronary/Vascular Condition</i>	<i>Aug. 1988</i>
<i>CA-35e</i>	<i>Skin Disease</i>	<i>Aug. 1988</i>
<i>CA-35f</i>	<i>Pulmonary Illness (not Asbestosis)</i>	<i>Aug. 1988</i>
<i>CA-35g</i>	<i>Psychiatric Illness</i>	<i>Aug. 1988</i>
<i>CA-35h</i>	<i>Carpal Tunnel Syndrome</i>	<i>Oct. 1987</i>

Give the injured employee two copies of the checklist. One for them and one for their physician.

[Click on the appropriate form above to download a printable version of the current form.](#)

These forms are also available through website:

<http://www.dol.gov/esa/regs/compliance/owcp/forms.htm> Go to Forms CA-35 and scroll down for the appropriate disease or illness and the instructions.

**MEDICAL AND OTHER BILLS**  
**FORM HCFA-1500, UB-92**  
**CA-915 AND OWCP-957**

Employees may advise their medical providers to bill on the form appropriate to their facility (HCFA-1500 or UB-92). Until a claim number is established bills may be sent to HRFO.

Balance due statements instead of the approved form causes delays.

[Click here to download a printable version](#) of the [HCFA-1500](#) or [UB-92](#). However, most medical providers have a computerized billing system and have automated these forms.

Once a claim number is assigned the employee should notify all medical providers of the claim number and billing address for OWCP.

U. S. Department of Labor  
DFEC Central Mailroom  
P. O. Box 8300  
London, KY 40742-8300

[Click here to see information regarding reimbursement/billing inquiries.](#)

**FORM CA-915, MEDICAL REIMBURSEMENT FORM**

Every once in a while an employee may be asked to pay their bill out-of-pocket. When this happens provide the employee with Form CA-915 along with the instructions regarding documentation of the expense.

Pharmacies also ask many employees to pay up front even though most of them have the capability to bill OWCP electronically. If our employee pays for a pharmacy bill out-of-pocket they should also use Form CA-915. The instructions explain what is required documentation for reimbursement.

[Click here to download a printable version of the current CA-915.](#) You may also access this form on the [OWCP Forms website](#).

**FORM OWCP-957, TRAVEL REIMBURSEMENT**

Employees are entitled to request reasonable mileage reimbursement for trips to and from their medical appointments. This includes tolls and parking fees. OWCP requires that the request be submitted on OWCP-957.

Travel must be by the shortest route and/or by public conveyance, such as bus or subway. OWCP considers 25 miles from employee's residence or work to be reasonable. Longer distances would require justification.

Mileage is not reimbursable if the employee was using a government vehicle. The standard mileage rate applies for POV's or Motorcycles.

Mileage rates may be accessed at: <http://www.gsa.gov>. The [current mileage rate](#) between January 1, 2004 to the present is \$0.375 cents per mile. The rate for January 1, 2003 to December 31, 2003 was \$0.36 cents per mile. The rate for January 21, 2002 to December 31, 2002 was \$0.365 cents per mile.

Meals MAY be reimbursable under certain circumstances. Save receipts.

Overnight stays, airline travel, travel attendant must first be approved/authorized by OWCP.

[Click here to download a printable version of the current Form OWCP-957.](#)

Employees and their providers may check on the status of a reimbursement or bill on-line. The website for this is: <http://owcp.dol.acs-inc.com> or they may call 1-866-335-8319.

## WORK HARDENING PROGRAM – FSIS DIRECTIVE 4610.8

Through the efforts of many individuals, our Agency has implemented a return to work program with success. This program is designed to permit employees to return to their position performing a full range of duties for limited hours.

The implementation of this program has given the Agency an alternate duty option in getting injured employees back to work earlier. Many patients have had months of inactivity and may be quite susceptible to reinjury. As a result of coming back to work but with limited hours of duty, the Work Hardening Program has improved the employee's self-confidence while strengthening their bodies for full-time duty.

If you as the supervisor or other agency official receive medical documentation indicating the employee can perform their full duties but at less than full-time you should contact the Compensation Claims Technician for your area to coordinate the writing of the agreement.

Employees working under this program receive their regular rate of pay for the hours they work. For the non-duty hours, up to 8 hours, the employee will continue to be covered under the OWCP program (may be COP, LWOP, Sick Leave, Annual Leave).

Failure to participate in this program may be grounds for reduction or termination of OWCP benefits to the employee.

[Click here to download a copy of the current FSIS Directive 4610.8, Returning To Work After A Workplace Injury.](#)

**Supervisors or District Office Personnel: Give Form CA-17, a copy of the injured employee's job description with the physical requirements and the FSIS Work Hardening Program Information Sheet to the employee to take to their physician. Advise employee you would like a response right after their appointment OR you may mail the above to the physician for a response. FECA regulations prohibit USDA from contacting physicians by telephone.**

## LEAVE BUY-BACKS

If an employee is injured on-the-job and loses time from work they may choose to use their own sick or annual leave to cover the wages lost due to disability. These employees have the right to “buy-back” this leave within Federal Guidelines. It is also important to inform the employee that it is called a buy-back because it will cost them money. OWCP pays compensation for disability at the rate of 66 2/3 % (single, no spouse or dependents) or 75 % (dependents or spouse living with them). Leave was paid to the employee at a 100 % rate.

- Leave was used for an accepted OWCP claim and there is sufficient medical documentation in the file to support disability for each date claimed.
- The request must be submitted to HRFO, Minneapolis, MN within one year of the leave used or one year from the date the claim was accepted by OWCP, whichever is later.
- The dates requested must not have been used during a period when the employee was eligible for COP.
- It does not financially benefit the employee to buy-back less than 15 calendar days.
- The employee’s pay status is being changed to LWOP in order for compensation to be paid. Leave is not earned while in LWOP, therefore, you will lose the annual and sick leave you accrued while you used the leave.
- If an employee is buying back sick and/or annual leave which falls before and after a holiday, the holiday must be included in the buy-back hours.
- If the employee’s regular tour of duty includes differential (for nights or Sundays) please provide a breakdown of the work schedule so amounts can be determined by the Compensation Claims Technician.
- Thrift Savings Plan (TSP) accounts will be adjusted. Employee’s contributions are taken out of the account and claimed as taxable income. For FERS employees the government’s automatic and matching contributions will have to be removed along with all earnings on these amounts.
- Employees wishing to buy-back annual leave will be permitted up to the 240 hour ceiling only.

[Click here for additional information regarding OWCP Compensation vs. Using Own Sick/Annual Leave.](#)

[Click here to see an example of a leave buy-back computation.](#)

Employees that wish to pursue a leave buy-back should complete [Form CA-7](#) (Sections 1,3,5 and 6 **only**) and [Form CA-7a](#) (Items 1-6) and send the forms to HRFO. DO NOT SIGN OR DATE THE FORMS AT THIS TIME.



**LEAVE BUY BACK EXAMPLE**

An employee sustains an injury on February 15, 2002. Continuation of Pay (Code 67) was used for the period of February 16, 2002, through April 1, 2002. Since the injured employee was unable to return to work until April 27, 2002, they chose to use their own sick leave to avoid an interruption in pay. They were paid \$3,855.84 for 232 hours of sick leave at \$16.62 per hour.

OWCP accepts the claim and the employee requests to have the sick leave restored. Employee is advised to submit Form CA-7 and Form CA-7a to HRFO. HRFO receives request from the employee and completes Form CA-7b. Forms CA-7, CA-7a and CA-7b are sent to the employee with the estimate of what OWCP will pay and what the employee will owe. The amount that the employee owes has already been reduced for Retirement and TSP contributions, Federal Income Taxes (if applicable), HITS, OASDI (if applicable), and FEGLI.

Employee agrees to proceed with the “buy-back” and signs all forms and returns them to HRFO. The papers are then submitted to OWCP. If USDA’s estimate agrees with OWCP’s then a check is issued to USDA. The employee is then notified of the amount they owe. When the employee submits their check to USDA, we restore the sick leave to their account.

EX:	Sick Leave Paid By Employer	\$3,855.84
	Compensation Paid By OWCP	\$2,891.88
	Balance Owed By Employee to USDA	\$ 963.96

## **OWCP DISTRICT OFFICES**

Once a report of injury is submitted to HRFO we will forward the reviewed document to the OWCP District Office.

OWCP and its website are undergoing many changes at this time. Website addresses may need to be periodically updated.

The injured worker or their appointed representative may contact OWCP for questions about compensation and their claim status. [Click here for a current phone listing of the different OWCP District Offices.](#)

Questions about bills, reimbursements and authorization for medical procedures and physical therapy were consolidated to a central system by OWCP. This new service includes toll-free phone lines and a website that can be accessed by the injured worker or the medical provider to check on the status of a bill or reimbursement. [Click here for information on the Consolidated Bill Processing and Medical Authorization System.](#) The claim number, date of birth and dates of service will be needed when calling or accessing on-line.

OWCP has organized a central mailroom. Any correspondence should be sent to this address with the employee's claim number written in the upper right hand corner.

U. S. Department of Labor  
Office of Workers' Compensation Programs  
P. O. Box 8300  
London, KY 40742-8300

The website for Forms is: <http://www.dol.gov/esa/regs/compliance/owcp/forms.htm>

The website for OWCP rules and regulations and OWCP phone numbers is:  
<http://www.dol.gov/esa/regs/compliance/owcp/fecacont.htm>

It is also important to remember that the USDA – FSIS – HRFO – Compensation Claims Technician for your area may be able to assist you with questions about the claim but that OWCP has the final determination in all matters pertaining to your work-related injury.

**U.S. DEPARTMENT OF LABOR  
OFFICE OF WORKERS' COMPENSATION PROGRAMS (OWCP)**

The Federal Employees' Compensation (FEC) division of OWCP consolidated its medical authorization and bill payment processes.

Field Operations should continue to send CA-1's, CA-2's, CA-16's, CA-17's, and CA-7's to HRFO in Minneapolis, MN. HRFO forwards these claims to OWCP.

All other mail and bills for Federal workers' compensation cases should be sent, with claim number in the upper right corner, to:

**U.S. DEPARTMENT OF LABOR  
DFEC CENTRAL MAILROOM  
P.O. BOX 8300  
LONDON, KY 40742-8300**

Injured employees and medical providers will be able to monitor the status of a bill or reimbursement via a website using their claim number, date of birth and date of injury. Medical providers will need their FEIN number.

<http://owcp.dol.acs-inc.com>

If you need to speak with someone about a bill payment or reimbursement matter, you should call the toll-free number: (866) 335-8319. The local district OWCP personnel should not be contacted for payment status pending on bills or reimbursement requests or medical authorizations.

Phone medical authorization requests should be directed to the new toll-free number:

**Phone Medical Authorizations – (866) 335-8319**

Urgent medical authorization requests can be faxed to the new toll-free number:

**FAX Medical Authorizations – (800) 215-4901**

If you are an injured worker and are currently receiving compensation payments via electronic deposit, any reimbursement requests will also be paid electronically.

**U.S. DEPARTMENT OF LABOR  
OWCP DISTRICT OFFICE PHONE NUMBERS**

Your district office is identified by the first two digits of your claim number.

(ex: claim # 0123456789 would contact the Boston District OWCP office)

District Offices in blue print have their own websites with general information. Click on the district office that pertains to your claim number.

<b>DISTRICT OFFICE 1 – BOSTON, MA</b>	<b>(617) 624-6600</b>
<b>DISTRICT OFFICE 2 – NEW YORK, NY</b>	<b>(646) 264-3000</b>
<b>DISTRICT OFFICE 3 – PHILADELPHIA, PA</b>	<b>(215) 861-5481</b>
<b>DISTRICT OFFICE 6 – JACKSONVILLE, FL</b>	<b>(904) 357-4777</b>
<b>DISTRICT OFFICE 9 – CLEVELAND, OH</b>	<b>(216) 357-5100</b>
<b>DISTRICT OFFICE 10 – CHICAGO, IL</b>	<b>(312) 596-7157</b>
<b>DISTRICT OFFICE 11 – KANSAS CITY, MO</b>	<b>(816) 502-0301</b>
<b>DISTRICT OFFICE 12 – DENVER, CO</b>	<b>(720) 264-3000</b>
<b>DISTRICT OFFICE 13 – SAN FRANCISCO, CA</b>	<b>(415) 848-6700</b>
<b>DISTRICT OFFICE 14 – SEATTLE, WA</b>	<b>(206) 398-8100</b>
<b>DISTRICT OFFICE 16 – DALLAS, TX</b>	<b>(972) 850-2300</b>
<b>DISTRICT OFFICE 25 – WASHINGTON D.C.</b>	<b>(202) 513-6800</b>

Further information on the OWCP district offices may also be found at:

<http://www.dol.gov/esa/contacts/owcp/fecacont.htm>

U.S. DEPARTMENT OF LABOR EMPLOYMENT STANDARDS ADMINISTRATION

OWCP-FEC

To medical providers

This office often receives requests for authorizations for physical therapy, diagnostic testing, etc, for cases that have not yet been created by this office. In such cases, we are unable to provide the authorization requested. This has the unintended effect of prolonging the period of disability for delaying recovery for the employee. In many instances, form CA-16 was issued by the employing agency. I am taking this opportunity to state our policy on cases for which form CA-16 was issued by the employing agency.

Form CA-16 is a contractual obligation by this office to pay for medical services by or at the direction of the provider whose name appears on the front of the form. The obligation is for a period of 60 days and is good for examination, referral to consultants, laboratory tests, diagnostic tests (including MRI's, etc), physical therapy (when authorized by the physician whose name appears on form CA-16), hospitalization and emergency surgery. Non-emergency surgery must have prior OWCP approval.

To minimize difficulties, it is recommended that all bills and medical reports be submitted through the employing agency. If authorization for physical therapy beyond the 60 day period is requested, you should be as specific as possible, concerning the type of therapy, frequency and duration. If surgery is being requested, the report should include a history of injury, course of conservative therapy provided, if any, and the results.

It is hoped that the Form CA-16 issued should eliminate most of the waiting for authorizations which providers and their patients sometimes endure. If there are any difficulties, you should contact the employing agency in cases for which there is no case file number.

Sincerely,

Jonathan G. Lawrence

District Director

This form has been transmitted to employing agency compensation offices for distribution to medical providers as needed.



United States  
Department of  
Agriculture

Food Safety  
and Inspection  
Service

FSIS Directive  
4735.4

Revision 2

# Reporting Assault, Threats, Intimidation or Interference

# REPORTING ASSAULT, THREATS, INTIMIDATION, OR INTERFERENCE

## TABLE OF CONTENTS

	<b>Title</b>	<b>Page No.</b>
I.	PURPOSE . . . . .	1
II.	CANCELLATION . . . . .	1
III.	REASON FOR REISSUANCE . . . . .	1
IV.	REFERENCES . . . . .	2
V.	ABBREVIATIONS AND FORMS. . . . .	2
VI.	POLICY . . . . .	3
VII.	COVERAGE . . . . .	3
VIII.	DEFINITIONS . . . . .	3
	A. Affected Employee. . . . .	3
	B. Assault or Threat of Assault . . . . .	3
	C. Bribery . . . . .	3
	D. FSIS Regulated Industry . . . . .	4
	E. Harassment . . . . .	4
	F. Immediate Supervisor . . . . .	4
	G. Interference . . . . .	4
	H. Intimidation . . . . .	4
	I. Other Than FSIS Regulated Industry .. . . .	4
	J. Retaliation . . . . .	4
IX.	BRIBERY OR ATTEMPTED BRIBERY . . . . .	4
X.	DOCUMENTATION OF INCIDENTS . . . . .	4
	A. Reportable Incidents . . . . .	5
	B. Suspension of Service . . . . .	5
XI.	PHYSICAL ASSAULT OR THREAT OF PHYSICAL ASSAULT. . . . .	5
	A. Affected Employee Responsibilities . . . . .	5
	B. Immediate Supervisor Responsibilities . . . . .	6
	C. District Manager, Deputy District Manager for Enforcement, or Deputy Administrator Responsibilities. . . . .	6
XII.	NON-PHYSICAL THREATS, INTERFERENCE, OR INTIMIDATION . . . . .	7
	A. Affected Employee Responsibilities . . . . .	7
	B. Immediate Supervisor Responsibilities . . . . .	8
	C. District Manager, Deputy District Manager for Enforcement, or Deputy Administrator Responsibilities. . . . .	8
XIII.	EMPLOYEE APPEAL RIGHTS . . . . .	9
	ATTACHMENT 1, FSIS Form 4735-4, Reporting Form for Assault, Threats of Assault, Intimidation, or Interference . . . . .	11
	ATTACHMENT 2, Questions and Answers . . . . .	13
	ATTACHMENT 3, Regional Offices of the Inspector General . . . . .	17
	ATTACHMENT 4, Workplace Violence Assessment Team . . . . .	18

UNITED STATES DEPARTMENT OF AGRICULTURE  
FOOD SAFETY AND INSPECTION SERVICE  
WASHINGTON, DC

---

---

# FSIS DIRECTIVE

4735.4  
REVISION 2

5/28/02

---

---

## REPORTING ASSAULT, THREATS, INTIMIDATION, OR INTERFERENCE

### I. PURPOSE

This directive outlines responsibilities for reporting incidents of assault, threats of assault, intimidation, or interference by regulated industry personnel against FSIS employees, during or as a result of their official duties.

### II. CANCELLATION

This directive cancels FSIS Directive 4735.4, Revision 1, dated 10/22/97.

### III. REASON FOR REISSUANCE

This directive is completely revised to:

A. Update Agency policies and procedures for reporting incidents and filing FSIS Form 4735-4 (Attachment 1).

B. Emphasize the need for and the importance of documenting and reporting various types of incidents.

1. Employees who are **physically assaulted** or threatened with physical assault should follow instructions in Subparagraph XI. A.

2. Employees who are not physically assaulted or threatened with physical assault should follow instructions in Subparagraph XII. A.

C. Increase the supervisory responsibilities for resolving incidents quickly and in a fair manner.

D. Introduce the role of the FSIS WPVPAT and Workplace Violence Hotline.

---

**DISTRIBUTION:**  
All Offices;  
All Inspection Employees

**OPI:**  
OM – Labor and Employee Relations Division



E. Include questions and answers to help employees identify situations that may cause interference with official duties and methods to prevent the escalation to acts of violence (Attachment 2).

F. Establish the communications procedure between the WPVPAT, the ICS, and the DEO divisions as it pertains to FSIS Form 4735-4.

#### IV. REFERENCES

FSIS Directive 4735.3, Employee Responsibilities and Conduct  
FSIS Directive 4735.7, Industry Accusations Against Inspection Personnel  
FSIS Directive 4771.1, Administrative Grievance System  
The Collective Bargaining Agreements

7 CFR Part 7, The Egg Products Inspection Act  
7 CFR Part 59, Inspection of Egg and Egg Products  
9 CFR Part 500, Rules of Practice

18 U.S.C. 111, Assaulting, Resisting, or Impeding Certain Officers or Employees  
18 U.S.C. 1114, Protection of Officers and Employees of the United States  
21 U.S.C. 461, Offenses and Punishment--Violations; Liability of Agents, Employees, and Persons  
21 U.S.C. 675, Assaulting, Resisting, or Impeding Certain Persons; Protection of Such Persons

#### V. ABBREVIATIONS AND FORMS

The following will appear in their shortened form in this directive:

CFR	Code of Federal Regulations
CS	Circuit Supervisor
DEO	District Enforcement Operations
EED	Evaluation and Enforcement Division
FMIA	Federal Meat Inspection Act
FO	Field Operations
ICS	Internal Control Staff
LERD	Labor and Employee Relations Division
OIG	Office of Inspector General
PPIA	Poultry Products Inspection Act
WPVPAT	Workplace Violence Prevention Assessment Team
WPVPC	Workplace Violence Prevention Coordinator

FSIS Form 4735-4, Reporting Form for Assault, Threats of Assault, Intimidation, or Interference

## VI. POLICY

It is FSIS policy to:

A. Protect employees from assaults, threats of assault, and other forms of intimidation, or interference relating to the performance of their official duties. FSIS uses appropriate criminal, civil, or administrative remedies of applicable laws and regulations to ensure an environment where Agency employees are able to carry out their statutory responsibilities without fear, intimidation, or interference.

B. Review or conduct an inquiry of all incidents reported under the provisions of this directive.

1. Such acts may lead to the suspension or withdrawal of service following procedures in 7 CFR 59.160(f)(1)(iv) and 9 CFR Part 500, 500.3, and 500.6.

2. Cases of assault or threats of assault against any FSIS employee may be prosecuted under the provisions of U.S. Code (i.e., 18 U.S.C. 111, 18 U.S.C. 1114, 21 U.S.C. 675, or 21 U.S.C. 461(c)).

C. Report such incidents to the OIG for consideration of prosecution.

D. Ensure that reviews and inquiries of incidents are fair and objective.

E. Prevent or resolve incidents promptly by providing employees and supervisors with instructions and training for resolving such incidents.

## VII. COVERAGE

This directive covers **all** FSIS employees who experience assault, threats, intimidation, or interference as a result of the performance of official duties. This includes situations that occur outside of the employee's tour of duty, but may be associated with official duties.

## VIII. DEFINITIONS

A. **Affected Employee.** Any FSIS employee subjected to intentional, job related incidents by personnel outside of the Agency. This may include the family of an FSIS employee who is harassed due to their relationship with the employee.

B. **Assault or Threat of Assault.** Any actions that result in bodily harm or perceived as a willful attempt or threat to inflict bodily harm.

C. **Bribery.** An act or practice of giving or promising money, goods, service, favors, or anything of value, to a person in a position of trust to influence their judgment or conduct.

D. **FSIS Regulated Industry.** Any business (official establishment or other regulated industry entity) under FSIS regulatory authority.

E. **Harassment.** Words, gestures and actions which intend to annoy, alarm, and verbally abuse another person; telephone calls without the purpose of legitimate communication; insults, taunts or challenges in a manner likely to provoke a violent or disorderly response; repeated communications (anonymously, at extremely inconvenient hours, or in offensively course language); offensive touching, or any other course of alarming conduct serving no legitimate purpose of the actor.

F. **Immediate Supervisor.** The individual whom an employee reports to or receives direction from.

G. **Interference.** An act or behavior to hamper, hinder, block, or impede the actions or activities of another person. Interference includes non-threatening actions intended to prevent or adversely affect the performance of official duties.

H. **Intimidation.** An act or behavior to compel or deter an action by coercion, extortion, duress or threats.

I. **Other Than FSIS Regulated Industry.** Any individual or group that has an affect on an Agency employee as a result of the affected employee's service with FSIS, but isn't regulated by FSIS.

J. **Retaliation.** An act or behavior motivated by a perceived slight or harm which seeks to harass, intimidate or otherwise harm.

## IX. **BRIBERY OR ATTEMPTED BRIBERY**

A. When an employee knows that someone has bribed or attempted to bribe an FSIS employee (i.e., suggested, implied, or offered a bribe) in the form of money, goods, services, favor, or anything of value, the FSIS employee must immediately telephone the appropriate USDA OIG Regional Office. Attachment 3 lists the addresses, telephone numbers, and territories of OIG offices.

B. Any FSIS employee who believes that another employee solicited a bribe must report the incident directly to OIG. (See Attachment 3.)

## X. **DOCUMENTATION OF INCIDENTS**

Occasionally, FSIS employees may find themselves in a confrontational situation with establishment employees, supervisors, or owners. Confrontations may range from simple disagreements to violent attempts to interfere with an employee's performance of official duties. Complete and accurate documentation is required to facilitate timely and appropriate resolutions, and to allow for the accurate tracking of incidents. (See Attachment 1.) Incidents may occur while performing official duties or because of official duties. (Attachment 2 contains questions and answers to address disruptive situations and helps Agency employees respond appropriately to incidents.)

A. **Reportable Incidents.** The WPVPAT distributes documentation of reported incidents to the ICS and DEO. District management officials, in conjunction with WPVPAT and EED as necessary, review the seriousness of the incident and take appropriate administrative action. The ICS may conduct independent analysis and follows up on cases. Incidents may include:

1. All job-related incidents of assault, threats of assault, or other forms of intimidation, interference, or retaliation to an employee or family member.
2. Verbal attacks, property damage, or other actions that may be interpreted as an attempt to intimidate or interfere with an employee's performance of official duties. Employees should also report subtle acts of interference that do not involve threats of force.

B. **Suspension of Service.** Any action to prevent an FSIS employee from performing official duties may result in the suspension or withdrawal of inspection services and criminal prosecution. (Refer to 9 CFR, Part 500.) Provisions in the CFR and the U.S. Code specify penalties for offenses against employees or their family members. Several regulations reference the suspension of regulatory services in egg products, poultry, and red meat operations. The Egg Products Inspection Act (7 CFR, Part 7), and the Poultry Products Inspection Act and the Federal Meat Inspection Act are key regulations applicable to this directive.

## XI. **PHYSICAL ASSAULT OR THREAT OF PHYSICAL ASSAULT**

### A. **Affected Employee Responsibilities.**

1. Withdraws from possible or further harm, immediately.
2. Contacts local law enforcement officials or building security.
3. Obtains medical treatment for any injuries, as appropriate.
4. Contacts the immediate supervisor as soon as possible to discuss the incident. (**NOTE:** If the immediate supervisor is not available, contacts the next higher official or the Workplace Violence Prevention Hotline at 1-888-894-6217.)
5. Completes Section A of FSIS Form 4735-4, immediately after completing the previous steps.
  - a. Sends the original to the immediate supervisor.
  - b. Sends the first carbon copy directly to the district manager or deputy administrator to notify them of the incident.
  - c. Sends the second carbon copy directly to the WPVPAT. (See Attachment 4.) The WPVPAT provides a copy to DEO.

d. Retains a copy for personal records.

**B. Immediate Supervisor Responsibilities.** On receipt of employee's notification:

1. Determines the seriousness of the incident. If an employee's safety is involved, removes the employee from the premises and secures advice from higher levels on changing the affected employee's current duty assignment until the matter is resolved. Discusses strategies with the employee to prevent future occurrences, including possible assistance from WPVPAT or a local law enforcement agency.

2. Ensures that the employee has obtained medical attention, if necessary.

3. Notifies building security, as appropriate, and advises the employee of the right to contact law enforcement officials.

4. Secures enough information to decide if plant inspection should be suspended. If appropriate, suspends inspection following 9 CFR Part 500.

5. Advises the district manager or deputy administrator of the incident immediately. Notifies intervening supervisory level(s) and the WPVPAT.

6. Obtains the names of those involved and the names of witnesses who observed the incident. Documents as much information about the incident as possible, including dates, times, locations, pertinent background information, and circumstances causing the incident. Secures available documents from facility. Documents history and potential adverse effects of the incident.

7. Contacts the facility to ensure or initiate resolution and respond to facility concerns.

8. Completes FSIS Form 4735-4, Section B or Sections C **and** D, immediately after completing the previous steps, and forwards, through supervisory channels, to the district manager or deputy administrator.

9. Retains a photocopy of the completed FSIS Form 4735-4, Sections A and B, and any other related documents (**Examples:** Signed or narrative statements, memos), in a clearly labeled red colored file folder in the government office file. Attaches the returned photocopied response from the District Manager or Deputy Administrator, when received, to the completed FSIS Form 4735-4 in the red colored file folder. **NOTE:** Retains all files for 3 years.

**C. District Manager, Deputy District Manager for Enforcement, or Deputy Administrator Responsibilities.** On receipt of information on an incident:

1. Telephones the appropriate USDA OIG Regional Office immediately when an assault or life threat occurs. Attachment 3 lists the addresses, telephone numbers, and territories of OIG offices. Follows OIG instructions, if any.
2. Ensures that the incident is properly reviewed. Discusses incident case documentation and resolution of incident with the immediate supervisor of the affected employee.
3. Ensures that the employee received appropriate medical attention, contacted the appropriate law enforcement officials, and was adequately supervised/directed within the purview of the reported incident.
4. Determines whether suspension or withholding of inspection is appropriate and initiates actions consistent with 9 CFR Part 500.
5. Reviews the copy of FSIS Form 4735-4 for completeness, adequacy, and appropriateness of actions taken. Includes any additional information.
6. Initiates and maintains the incident case file.
7. Provides a photocopy of the completed FSIS Form 4735-4 to the employee and the immediate supervisor.
8. Forwards a photocopy of the completed FSIS Form 4735-4 within 7 workdays after receipt to the WPVPAT. The WPVPAT monitors and tracks each case for resolution and timeliness, and forwards a copy of the completed FSIS Form 4735-4 to DEO.

**XII. NON-PHYSICAL THREATS, INTERFERENCE, OR INTIMIDATION**

Incidents may involve non-physical acts intended to intimidate, interfere with, or harass an employee during or as a result of the performance of his or her official duties, and include industry retaliation.

**A. Affected Employee Responsibilities.**

1. Immediately notifies the immediate supervisor. Discusses whether the effectiveness of the program is impaired and obtains additional instructions.
2. Completes Section A of FSIS Form 4735-4, immediately after completing Step 1.
  - a. Sends the original to the immediate supervisor.
  - b. Sends the first carbon copy directly to the district manager or deputy administrator to notify them of the incident.

c. Sends the second carbon copy directly to the WPVPAT. The WPVPAT provides a copy to DEO.

d. Retains a copy for personal records.

**B. Immediate Supervisor Responsibilities.**

1. Discusses the incident with the employee and strategies to prevent future occurrences, including possible assistance from WPVPAT or a local law enforcement agency.

2. Determines whether an employee remains at or leaves the establishment. Includes employee safety issues in the discussion.

3. Advises the next higher level of supervision of the incident and notifies DEO and the Assistant District Manager of Enforcement or the Deputy Administrator.

4. Attempts to resolve the incident if the employee was unable to do so.

5. Contacts the facility to ensure or initiate incident resolution and respond to facility concerns.

6. Completes FSIS Form 4735-4, Section B or Sections C **and** D, immediately after completing the previous steps, and forwards, through supervisory channels, to the district manager or deputy administrator.

7. Retains a photocopy of the completed FSIS Form 4735-4, Sections A and B, and any other related documents (**Examples:** Signed or narrative statements, memos), in a clearly labeled red colored file folder in the government office file. Attaches the returned photocopied response from the District Manager or Deputy Administrator, when received, to the completed FSIS Form 4735-4 in the red colored file folder. **NOTE:** Retains all files for 3 years.

**C. District Manager, Deputy District Manager for Enforcement, or Deputy Administrator Responsibilities.** On receiving notification of the incident:

1. Ensures that the incident is properly reviewed. Documents incident information and ensures that appropriate action is taken to resolve the matter.

2. Determines whether suspension or withholding of inspection is appropriate and initiates actions consistent with 9 CFR Part 500.

3. Reviews the FSIS Form 4735-4 for completeness, adequacy, and appropriateness of actions taken. Includes any additional information.

4. Initiates and maintains the incident case file.

5 Provides a photocopy of the completed FSIS Form 4735-4 to the employee and the immediate supervisor.

6. Forwards a photocopy of the completed FSIS Form 4735-4 within 7 workdays after receipt to the WPVPAT. The WPVPAT monitors and tracks each case for resolution and timeliness, and forwards a copy of the completed FSIS Form 4735-4 to DEO.

XIII. **EMPLOYEE APPEAL RIGHTS**

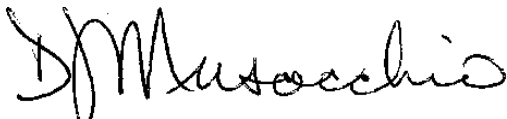
A. Employees may contact the WPVPAT to request a review of the supervisory response if the employee believes the supervisory response is inadequate, inappropriate, or wishes to contest the supervisory action. **NOTE:** This procedural step should not be avoided if the employee disagrees with the outcome of a supervisory inquiry.

B. Employees who wish to contest management actions may file a grievance as follows:

1. **Bargaining Unit Employees**, see the grievance procedure in the Collective Bargaining Agreement.

2. **Non-Bargaining Unit Employees**, see FSIS Directive 4771.1.

C. Employees may also file an EEO discrimination complaint.

  
for Acting Deputy Administrator  
Office of Management



**FSIS FORM 4735-4,  
 REPORTING FORM FOR ASSAULT, THREATS OF ASSAULT,  
 INTIMIDATION, OR INTERFERENCE**

U.S. DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE  <b>REPORTING FORM FOR ASSAULT,      THREATS OF ASSAULT, INTIMIDATION,      OR INTERFERENCE</b>	1. CASE NUMBER (FOR WPVPAT USE)	<b>INSTRUCTIONS: Employee:</b> Complete Section A of this form. Send original to Immediate Supervisor, send the appropriate copy to District Manager and send appropriate copy to Workplace Violence Prevention Assessment Team ( <i>address is available in Attachment 4 of FSIS Directive 4735.4 Rev. 2</i> ). Retain Employee copy for files.
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**SECTION A. EMPLOYEE REPORT OF INCIDENT (Attach further documentation, as needed.)**

2. NAME OF EMPLOYEE Jane Smith	3. POSITION/GRADE Consumer Safety Officer GS-11	4. DUTY STATION Raleigh, NC DO	5. EST. NO. 12345 P
6. DATE OF INCIDENT 03/04/2002	7. TIME 0930 EST	8. EST. NAME/LOCATION D.H. Poultry, Inc. Ten Buck, NC	9. INCIDENT TYPE Assault-Death Threat

INCIDENT DESCRIPTION

10. WHAT WERE YOU DOING AT THE TIME?  
 Reviewing HACCP records and plan following a product recall. I was seated at a desk in the plant's QC office. I was alone in the office prior to the entry of the plant manager, who assaulted and threatened me as described in block 13.

11. NAMES OF THOSE INVOLVED: John Smith - Plant Manager	12. NAMES OF ANY WITNESSES: William Doe - QC Manager Jack Jones - Postal Employee
------------------------------------------------------------	-----------------------------------------------------------------------------------------

13. WHAT HAPPENED DURING THE INCIDENT? (Attach further documentation as needed.)

John Smith entered the room, followed by William Doe. Smith reached across the desk in front of me and grabbed me by the neck with his hands, attempting to strangle me with force. Doe grabbed Smith from behind and broke his grip on my neck. I fell to the floor from a half crouched position after being pulled from the chair. Smith started shouting at me saying, "I'm sick of the government ruining my life. If you don't get out of my plant in the next 5 minutes, I'm going to kill you." He then repeatedly shouted, "I'll kill you. I swear." I got to my feet from the floor and ran out of the office and down a hallway to a door marked with an exit sign. I exited the plant and ran to the highway, which was about 50 yards away. I flagged down a passing Postal Service truck and asked the driver, Jack Jones, to take me to the police station. Jones complied with my request and took me to the Ten Buck City police station. I notified the desk officer, Sergeant John Law, of the assault and threat. He completed a report, which I signed at approximately 1100 EST.

Make sure blocks 14 thru 21 are checked, yes or no.				
	YES (✓)	NO (✓)	YES (✓)	NO (✓)
14. LEFT PLANT	✓		18. SUPERVISOR CONTACTED	✓
15. INJURY	✓		19. PROPERTY DAMAGE	✓
16. MEDICAL TREATMENT	✓		20. POLICE CONTACTED	✓
17. MEDICAL REPORT ATTACHED	✓		21. POLICE REPORT ATTACHED	✓

22. ADDITIONAL INFORMATION: (Attach further documentation as needed.)

I called my supervisor, Sarah Smart, who is the ADME for the district. I told Ms. Smart of the incident and that I already contacted the police department. Ms. Smart advised me to go to the nearest hospital for observation and said that she would contact the District Manager, the Workplace Violence Prevention Assessment Team, and the Evaluation and Enforcement Division.

I received a call on my cell phone from the Workplace Violence Prevention Assessment Team, who gave me guidance on completing this form. My supervisor, Sarah Smart, referred me to the Employee Assistance Program for help with post traumatic stress related issues. EED officer Barnes advised me not to return to the plant, where my vehicle was still parked, and said that arrangements would be made for getting my vehicle once the situation was under control. Supervisor Smart told me that arrangements would be made for my transportation from the hospital and to call her once the medical examination was complete.

The Emergency Room physician, Dr. Bob Barker, examined me at approximately 1415 EST and told me that I had minor bruises on my neck and knee, but no life threatening injuries. I then called my supervisor who told me to stay at the hospital until she could meet me and transport me home. I was picked up by my supervisor at approximately 1530 EST and returned home. My supervisor asked me to complete this form while she waited, which I did.

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith. A false statement may be grounds for disciplinary action.	23. SIGNATURE  /s/ Jane Smith	24. DATE  03/04/2002
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------	----------------------------

**SECTION B. IMMEDIATE SUPERVISOR** *(Attach further documentation, as needed)*

Complete Section B, return completed pages 1 & 2 and any additional documentation/comments to employee reporting the incident for completion of Section D. Upon receipt of signature in Section D, Immediate Supervisor sends original through supervisory channels to District Office.

25. NAME OF SUPERVISOR <b>Sarah Smart</b>	26. POSITION/GRADE <b>ADME GS-14</b>	27. DUTY STATION <b>Raleigh, NC</b>
----------------------------------------------	-----------------------------------------	----------------------------------------

**28. INCIDENT RESOLUTION EFFORTS**

Advised the affected employee as described in block 22. On March 3, 2002, based on communications between the CSO, OIG, and the District Manager, issued an oral notification of the refusal to allow poultry products produced at Est. 12345 P to be labeled or tagged as "Inspected and Passed," in accordance with 9 CFR Part 500.3 (a)(6). On March 4, 2002 District Manager Roger Wright issued Notice of Suspension to plant owner, which was sent by FedEx Overnight Priority on that date.

**29. INCIDENT STATUS WITH RECOMMENDATIONS**

Recommend that suspension of inspection be maintained until adequate corrective actions and preventive measures are presented by plant's owner. Recommend that affected employee attend USDA safety training at Artesian, New Mexico, and Verbal Judo training that is provided for Compliance Officers. Recommend that Workplace Violence Prevention Assessment Team perform threat assessment of plant's situation prior to acceptance of corrective actions and preventive measures from plant owner.

*I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith. A false statement may be grounds for disciplinary action.*

30. SIGNATURE OF SUPERVISOR  
/s/ **Sarah Smart**

31. DATE  
**03/04/2002**

**SECTION C. OTHER SUPERVISORS**

32. NAME OF INTERMEDIATE SUPERVISOR <b>Dr. Bob White</b>	33. POSITION/GRADE <b>Inspector in Charge - GS-12</b>	34. DUTY STATION <b>Ten Buck, NC Est. 12345 P</b>
-------------------------------------------------------------	----------------------------------------------------------	------------------------------------------------------

**35. COMMENTS** *(Attach further documentation, as needed.)*

I have never witnessed the plant manager, Mr. John Smith, assault or threaten anyone prior to this incident. Mr. Smith does have a history of reacting defensively when challenged in a regulatory manner.

36. SIGNATURE OF SUPERVISOR  
/s/ **Bob White**

37. DATE  
**03/05/2002**

38. NAME OF DISTRICT MANAGER <b>Roger Wright</b>	39. NAME OF DISTRICT <b>Raleigh DO-80</b>	40. DUTY STATION <b>Raleigh, NC</b>
-----------------------------------------------------	----------------------------------------------	----------------------------------------

**41. COMMENTS** *(Attach further documentation, as needed.)*

Issued Notice of Suspension as described in block 28 (see attached documentation, which includes Notice of Suspension Letter, dated March 4, 2002). Recommend criminal prosecution of accused plant manager by OIG. Concur with recommendations in block 29. Further recommendations will appear as attachments.

42. SIGNATURE  
/s/ **Roger Wright**

43. DATE  
**03/05/2002**

**SECTION D. RECEIPT BY EMPLOYEE IDENTIFIED IN BLOCK 2 OF RESOLUTION EFFORTS FROM IMMEDIATE SUPERVISOR**

I acknowledge receipt of immediate supervisor's response and resolution efforts and that this matter was discussed with me by the supervisor. I have read and understand my options and rights as set forth in section XIII of FSIS Directive 4735.4.

**44. COMMENTS**

Received and discussed all actions taken by District Manager. I request that recommended training occur as soon as possible. I have contact EAP and consider the issues related to this matter to be adequately addressed.

45. SIGNATURE  
/s/ **Jane Smith**

46. DATE  
**03/06/2002**

## QUESTIONS AND ANSWERS

This attachment provides questions (Q) and answers (A) to situations and helps inplant employees recognize and respond to disruptive action that undermines regulatory responsibilities of the Agency.

### General Principles

Agency policy and conduct standards are in FSIS Directive 4735.3. FSIS employees should carry out regulatory duties in a manner that upholds high standards of honesty, integrity, impartiality, and professional conduct. FSIS Agency personnel represent the U.S. Department of Agriculture as regulatory officials. You are responsible for carrying out FSIS's mission to protect the public interest and to enforce meat, poultry, and egg products law and regulations.

Your authority may be challenged at times. Challenges are appropriate when made within the provisions of law and regulation. However, if challenges involve actions designed to harm you and/or family members, consider the action criminal in nature. Immediately report all such actions to your supervisor. The more common challenges are the subtle acts that may be designed to interfere with your official duties. Some challenges may include false allegations about your character or behavior. You may also be repeatedly interrupted while performing your regulatory duties. Example: You may be requested to move your car from the assigned parking space at the plant.

If there is a history of tactics to interfere with your regulatory responsibilities, these may be subject to inquiry or investigation and a withholding or suspension action, or a withdrawal of inspection services from a facility may result. Such cases require accurate and complete documentation. Any action, no matter how minor, designed to prevent you from carrying out your official duties must be reported on FSIS Form 4735-4. Supervisors respond to all incidents, no matter how minor. Records of all reported incidents are maintained within the appropriate district office. The WPVPAT, at headquarters, tracks the case and conducts assessments as necessary.

Workplace Violence Prevention Analysts, (managed by the WPVPC), staff the WPVPAT. The Workplace Violence Hotline (1-888-894-6217), which is available to all FSIS employees 24 hours a day, 7 days a week, is a resource of the WPVPAT.

1. **Q.** *What is intimidation or interference?*

**A.** Intimidation is any act or behavior to exert power or inappropriately influence your decision. Such actions leave you feeling vulnerable or in fear of some dire consequence. Acts of intimidation are usually made to change your course of action by making you fear some consequence. However, do not confuse the rights of the plant or client to get a second opinion, lodge an appeal of your regulatory action, or otherwise question your actions as long as all actions are professional. Report all incidents of intimidation on or off duty, and any incidents directed at family members.

2. **Q.** *Are threats of reporting you to your supervisor or congressional representative, considered intimidation?*

**A.** Not necessarily. Such appeals to higher authority are normal when done through the appropriate channels. You should give reasonable explanations for your actions. If your explanations are unsatisfactory, the establishment official may appeal your decision. Supervisors respond to appeals. When you are confronted and the action is to prevent you from performing your regulatory duties, then you are being intimidated.

3. **Q.** *What should I do if a plant official starts arguing with me about how I am performing my official duties?*

**A.** You are responsible for performing your official duties in a safe and professional manner. You must evaluate the situation and use appropriate action. When possible, avoid confrontations by explaining pending actions that might cause disruption to plant operations. Give reasons for your actions. Arrange to discuss the situation away from distractions, such as noisy equipment. Record the names of witnesses present. If emotions are high, refrain from confronting the individual until he or she calms down. You may also need to calm down before attempting to discuss the incident. When you can no longer perform your official duties, give notice that you are leaving the premises to report the incident to your supervisor.

4. **Q.** *What should be done if the plant owner complains to my supervisor without discussing problems with me?*

**A.** This situation cannot be avoided. Your supervisor must listen to the plant owner and determine why the plant owner has not resolved the problems with you. The supervisor may either (1) encourage the plant owner, operator or supervisor to work out the problems with you first before getting involved, or (2) immediately become involved by bringing you and the plant official(s) together to work out the problems. The supervisor may suggest ways to resolve the situation.

5. **Q.** *Do I have to tolerate cursing or suggestive language or behavior when addressed by plant employees?*

**A.** No. You are a USDA regulatory official conducting official business. You should express your concerns about inappropriate language or behavior to plant officials. If such actions continue, report the incident to your supervisor using FSIS Form 4735-4.

6. **Q.** *What should I do if an article appears in my local newspaper that questions the way I do my job and its effect on the well being of the community by eventually closing the plant?*

**A.** As a public official, you are vulnerable to such tactics. Immediately report the incident to your supervisor.

7. **Q.** *Is it interference when the plant official asks me not to park in the area reserved for the USDA inspector?*

**A.** Not necessarily. However, keep alert for repeated incidents. If a pattern occurs, there may be reason to suspect the plant is attempting to distract you from your official duties. If you suspect wrongdoing, discuss your objections with the plant official in an attempt to resolve the situation. Inform the plant of its obligation to provide unimpeded access to the facility and that failure to do so may result in regulatory action.

8. **Q.** *What should I do if my automobile tires are slashed while parked at the official establishment?*

**A.** Report the incident and any suspicions to the plant official, law enforcement authorities, and your supervisor. Document witnesses and events that may have contributed to the incident on FSIS Form 4735-4.

9. **Q.** *I have heard that charges of sexual harassment are made to discredit inspectors. Is this true and what can I do to protect myself?*

**A.** Yes, this situation has occurred. Each case is based on the unique circumstances involved. Always conduct yourself in a professional manner that is above reproach. Conduct yourself as a professional and remain alert for events that seem out of the ordinary. What seems like an innocent encounter may be intentionally designed to compromise your integrity. **EXAMPLE:** Joking or touching may be used as a tool to develop charges against you. Be especially wary of requests for personal favors or other actions to distract you from your official duties. Friendliness is normal, however, remember your responsibility to conduct official business in a professional and ethical manner that is above reproach.

**10. Q.** *Is it an assault when a plant employee waves a knife at me?*

**A.** Yes. Do not debate with yourself whether you feel in danger. Consider any act that threatens physical harm, no matter how incidental, an act of assault. It is better to be safe than to second guess the outcome of such an event. Remove yourself from the area and report the incident to your supervisor. Follow the supervisor's instructions.

**11. Q.** *How do I know that someone is looking at the case and not letting it get forgotten in all the confusion.*

**A.** Your immediate supervisor and the district manager or deputy administrator are both responsible for ensuring that the case is addressed and resolved. If you have not been informed of the status, please ask your supervisor. In addition, you send a "notification" copy of the report directly to the district manager or deputy administrator, and the WPVPAT tracks the entire case. The WPVPAT uses an incident tracking system to assess whether cases are addressed and resolved promptly.

**REGIONAL OFFICES OF THE INSPECTOR GENERAL**

**Great Plains Region**

Special Agent in Charge  
9435 Holmes Road, Room 210  
Kansas City, MO 64131-2975  
Mailing Address:  
P.O. Box 293  
Kansas City, MO 64141-0293  
(816) 926-7606

Colorado, Iowa, Kansas, Missouri,  
Montana, North Dakota, South Dakota,  
Utah, Nebraska, and Wyoming

**Midwest Region**

Special Agent in Charge  
111 N. Canal Street, Suite 1130  
Chicago, IL 60606-7295  
(312) 353-1358

Illinois, Indiana, Michigan, Minnesota,  
Ohio, and Wisconsin

**Northeast Region**

Special Agent in Charge  
26 Federal Plaza, Room 1409  
New York, NY 10278-0004  
(212) 264-8400

Connecticut, Maine, Massachusetts,  
New Hampshire, New Jersey, New York,  
Rhode Island, and Vermont

**Mid-Atlantic Region**

Special Agent in Charge  
Room 2-2230, Maildrop 5300  
5601 Sunnyside Avenue  
Beltsville, MD 20705-5300  
(301) 504-2000

Delaware, District of Columbia,  
Maryland, Pennsylvania, Virginia,  
and West Virginia

**Southeast Region**

Special Agent in Charge  
401 Peachtree Street, NW, Room 2329  
Atlanta, GA 30365-3520  
(404) 730-3170

Alabama, Florida, Georgia, Kentucky,  
Mississippi, North Carolina, Puerto Rico,  
South Carolina, Tennessee, and  
Virgin Islands

**Southwest Region**

Special Agent in Charge  
101 South Main, Room 311  
Temple, TX 76501  
(254) 743-6535

Arkansas, Louisiana, Oklahoma, and  
Texas

**Western Region**

Special Agent in Charge  
75 Hawthorne Street, Suite 200  
San Francisco, CA 94105-3920  
(415) 744-2887

Alaska, Arizona, California, Hawaii,  
Idaho, New Mexico, Nevada, Oregon,  
Territory of Guam, Trust Territories of  
the Pacific, and Washington

**WORKPLACE VIOLENCE ASSESSMENT TEAM**

Workplace Violence Prevention Coordinator

John Campbell  
Special Assistant to the Director – Labor and Employee Relations Division  
ROOM 3175 SOUTH BUILDING  
1400 INDEPENDENCE AVENUE SW  
WASHINGTON DC 20250-3700  
Telephone Number: (202) 690-1999  
Facsimile Number: (202) 690-1814 or (202) 690-3938  
Pager Number: (888) 894-6217  
(Covering Albany, Madison, Minneapolis, and Philadelphia Districts, and all  
Headquarters and Field Offices)

Workplace Violence Prevention Assessment Team

Ms. Eileen Foresman – Workplace Violence Prevention Analyst  
BUILDING 1924 SUITE 3R90  
100 ALABAMA STREET SW  
ATLANTA GA 30303  
Telephone Number: (404) 562-5916  
Facsimile Number: (404) 562-5930  
(Covering Alameda, Atlanta, Boulder, Des Moines, and Lawrence Districts)

Ms. Deborah Linder – Workplace Violence Prevention Analyst  
ATTENTION WEC ROOM 325  
WASHINGTON DC 20250-3700  
Telephone Number: (202) 418-8909  
Facsimile Number: (202) 418-8865  
(Covering Chicago and Beltsville Districts)

Mr. Alvin Sewell – Workplace Violence Prevention Analyst  
CITY CENTRE BUILDING ROOM 1031  
227 NORTH BRONOUGH STREET  
POST OFFICE BOX 959  
TALLAHASSEE FLORIDA 32302  
Telephone Number: (850) 942-8370  
Facsimile Number: (850) 942-8371  
(Covering Dallas, Jackson, Raleigh, and Springdale Districts)





United  
States  
Department of  
Agriculture

Food  
Safety and  
Inspection  
Service

Field Service  
Classification  
and  
Benefits  
Branch

Butler Square West  
Suite 420C  
100 North 6<sup>th</sup> Street  
Minneapolis, MN 55403  
(612) 370-2000  
(612) 370-2375 fax  
(800) 370-3747 toll-free

## FSIS WORK HARDENING PROGRAM

- Prior to the implementation of the Work Hardening Program at this Agency in 1998, FSIS policy stated that injured employees were not permitted to return to work unless completely recovered.
- The Work Hardening Program is designed to permit employees to return to their position performing a full range of duties for limited hours of duty.
- The Work Hardening Program was implemented to give the Agency an alternate duty option in getting injured employees back to work. Many patients have had months of inactivity and may be quite susceptible to reinjury. As a result of coming back to work but with limited hours of duty, the Work Hardening Program has improved the employee's self-confidence while strengthening their bodies for full-time duty.
- The minimum amount of time for the Work Hardening Program is two hours a day. The hours worked increases over time based on the physician's recommendation. The hours the employee will actually work are at the Agency's discretion, subject to staffing availability and approval through the employee's District Office.
- The duration of the Work Hardening Program can be from two weeks to three months. There can be exceptions, depending on the case.
- A physician's release is required for employees to participate in the Work Hardening Program.
- The employee in the Work Hardening Program must sign a Work Hardening Program Agreement, where a beginning and ending date for the work hardening period is designated.
- Employees working under this program will receive their regular rate of pay for the hours they work. For the non-duty hours, the employee will continue to be covered under OWCP benefits and receive compensation, based on their dependent status.
- Failure to participate in this program may be grounds for reduction or termination of OWCP benefits for the employee.

## **VETERINARY MEDICAL OFFICER/FOOD INSPECTOR**

The employee will perform Ante and Post Mortem inspection of animal in a red meat or poultry plant or will inspect plants involved in processing red meat and/or poultry products. The functional and environmental factors are as follows:

### **FUNCTIONAL REQUIREMENTS**

1. Moderate Lifting – 15-44 pounds
2. Moderate Carrying – 15-44 pounds
3. Repetitive Motion of Upper Body and Limbs (6 hours)
4. Reaching Above Shoulder
5. Use of Finger – Dexterity and Normal Sensation Required
6. Both Hands Required
7. Walking (8 hours)
8. Stand (8 hours), in Limited Space (2x4 ft.)
9. Climbing Stairs and Vertical Ladders
10. Both Legs Required (Prosthesis Acceptable if Mobility is Normal)
11. Near Vision using Jaeger Test
12. Far Vision Correctable in One Eye to 20/20 and to 20/40 in the Other Eye
13. Depth Perception
14. Normal Color Vision
15. Normal Hearing (Aid Permitted)
16. Ability to Detect Odors
17. Clear Speech

### **ENVIRONMENTAL FACTORS**

1. Working Indoors and Outdoors
2. Excessive Heat
3. Excessive Cold
4. Excessive Humidity
5. Excessive Dampness or Chilling
6. Excessive Noise, Continuous
7. Slippery and Uneven Walking Surfaces
8. Working Around Machinery with Moving Parts
9. Working Around Moving Objects or Vehicles
10. Working with Hands in Water
11. Working in Close Proximity to Others
12. Protracted or Irregular Hours of Work
13. Working with Knives or Other Tools
14. Exposure to Offensive Odors such as Manure, Blood, etc.
15. Possible Exposure to Noxious Fumes
16. Will be Required to Wear Appropriate Safety Protection

Please note that the above physical requirements will vary with each of the 6,500 plants we have inspectors in throughout the country and the type of product being inspected in each plant. Physical requirements may also vary due to the job classification.

EMPLOYEE:

CLAIM #:

The physical requirements of a poultry assignment are:

Sitting / Standing: Optional; up to 8 hours on regular workday

Walking: Less than 30 minutes

Lifting: 0 - 5 lbs.

Squatting: None

Crawling: None

Crouching: None

Kneeling: None

Bending and stooping: None

Balancing and climbing stairs: Less than 10 minutes occasionally

Fine manipulation: Frequent bi-lateral use of fingers

Simple grasping: Frequent

Firm hand grasping: Frequent

Vision Requirements: Must be able to see to inspect live and slaughtered poultry

Hearing Requirements: Normal conversation

Noise conditions: Constant sound from processing systems; hearing protection required



United  
States  
Department of  
Agriculture

Food  
Safety and  
Inspection  
Service

Human  
Resources  
Field  
Office

Butler Square West  
Suite 420C  
100 North 6<sup>th</sup> Street  
Minneapolis, MN 55403  
(612) 370-2000  
(800) 370-3747 toll-free

## **FOOD INSPECTOR (SLAUGHTER) RESPONSIBILITIES**

### **GS-5, SJ-1 & GS-7, SJ-3**

**The position description for the slaughter food inspector occupation is generic in that it covers both red meat slaughter and poultry slaughter. The actual duties differ in these positions.**

**Poultry Slaughter – Food Inspectors (GS-5 & GS-7) are assigned primarily to work at an inspection station on a production line. The birds that they inspect are hung on shackles on a motorized line that runs at waist height in front of the inspector. The speed is determined by the type of bird being processed and specific inspection procedures approved by FSIS. Inspectors may sit on a stool, stand, or alternate between the two positions based on their personal preference. The inspection stands are normally on an elevated, adjustable stand so the inspector can adjust the height of the stand to accommodate the inspector’s stature.**

**Inspectors are trained on the use of proper hand motions and inspection techniques so that inspection can be performed either sitting or standing.**



United States Department of Agriculture

Food Safety and Inspection Service

Field Service Classification and Benefits Branch

Butler Square West Suite 420C 100 North 6th Street Minneapolis, MN 55403 (612) 370-2000 (612) 370-2375 fax (800) 370-3747 toll-free

Dear Medical Provider:

In order to provide better customer service for you and your patient, we are providing you with the following information.

All bills should be submitted to the following address after the claim number has been assigned to:

U.S. Department of Labor Office of Workers Compensation Programs P.O. Box 8300 London, KY 40742-8300

The Office of Workers Compensation has consolidated its medical authorization and bill payment process. You may call, toll-free, (866) 335-8319 about medical authorization or to check on the status of a bill/reimbursement. You may also monitor the status of bill processing at the following website: <http://owcp.dol.acs-inc.com>.

**Please note you will not be able to obtain any information until you have the nine digit claim number assigned by the Office of Workers Compensation. You will not be given the claim number using this system.**

**When submitting bills for payment use a HFCA-1500 or UB-92 only, all other billing forms will be returned and delay payment for your facility.**

We are requesting you fax the medical documentation from each and every visit made by our employee to our office. By doing so, the claim will be kept up to date and the vital information pertaining to your patient will be forwarded to the Office of Workers Compensation after our review. The fax number for medical documentation is **612-370-2070**.

If you can not fax the medical documentation please mail to the following address:

USDA, Food Safety and Inspection Service Butler Square West Suite 420C 100 North 6th Street Minneapolis, MN 55403

Employee Name \_\_\_\_\_ Date of Injury \_\_\_\_\_ Claim Number \_\_\_\_\_

**RETURNING TO WORK AFTER A WORKPLACE INJURY  
(WORK HARDENING PROGRAM)**

**TABLE OF CONTENTS**

**PART ONE – BASIC PROVISIONS**

<b>Title</b>	<b>Page No.</b>
I. PURPOSE . . . . .	1
II. (RESERVED) . . . . .	1
III. REASON FOR ISSUANCE . . . . .	1
IV. REFERENCES . . . . .	1
V. COVERAGE . . . . .	2
VI. ABBREVIATIONS AND FORMS. . . . .	2
VII. DEFINITIONS . . . . .	2
A. Injured Employee . . . . .	2
B. Occupational Disease or Illness . . . . .	2
C. Program Official . . . . .	2
D. Traumatic Injury . . . . .	2
VIII. OBJECTIVE . . . . .	2
IX. COMPENSATION FOR HOURS WORKED . . . . .	3

**PART TWO – PARTICIPATION**

I. PROGRAM IMPLEMENTATION . . . . .	5
II. WORK SCHEDULE . . . . .	5
A. Duration . . . . .	5
B. Procedure . . . . .	5
III. AGREEMENT OUTLINING PROVISIONS OF RETURN TO DUTY . . . . .	6
IV. FAILURE TO RESPOND . . . . .	6
V. NOTICE TO OTHER EMPLOYEES . . . . .	6
VI. REPORTS . . . . .	6
ATTACHMENT 2-1, Sample Agreement . . . . .	7
ATTACHMENT 2-2, Acceptance or Declination Statement . . . . .	9

UNITED STATES DEPARTMENT OF AGRICULTURE  
FOOD SAFETY AND INSPECTION SERVICE  
WASHINGTON, DC

---

---

<b>FSIS DIRECTIVE</b>	4610.8	9/17/01
-----------------------	--------	---------

---

---

**RETURNING TO WORK AFTER A WORKPLACE INJURY  
(WORK HARDENING PROGRAM)**

**PART ONE – BASIC PROVISIONS**

**I. PURPOSE**

This directive contains provisions for the “Work Hardening Program.” The Work Hardening Program permits employees to return to the position they occupied at the time they were injured on the job, but with limited hours of duty.

**II. (RESERVED)**

**III. REASON FOR ISSUANCE**

The Worker’s Compensation Program, Department of Labor, allows employee compensation for lost wages and medical expenses resulting from workplace injuries. Most employees return to work after the injury and often within one year of being injured. A goal of the Worker’s Compensation Program is to have employees return to work, as soon as they are “medically able.” One method is the Work Hardening Program described in this directive.

**IV. REFERENCES**

FSIS Directive 4306.1, Employment of Persons with Disabilities (Including Disabled Veterans)

FSIS Directive 4630.2, Leave

FSIS Directive 4630.6, Family and Medical Leave Program

The Federal Employees Compensation Act (FECA); 5 U.S.C. Section 8101 *et seq.*

Federal Employees Compensation Act Procedure Manual

Injury Compensation for Federal Employees; Pamphlet CA-810

Office of Personnel Management Regulations; 5 CFR, Parts 302, 330, and 353

Office of Workers’ Compensation Regulations; 20 CFR Parts 10 and 25

Questions and Answers Concerning Benefits of the Federal Employees’

Compensation Act; Pamphlet CA-550

---

**DISTRIBUTION:**

All Offices

**OPI:**

HRD – Benefits and Field Classification  
and Compensation Branch

## V. **COVERAGE**

The provisions of this directive apply to all employees (both bargaining and non-bargaining). This program does not cover employees with disabilities or employees with illnesses or injuries received off the job. Refer to FSIS Directives 4306.1, 4630.2, or 4630.6 for guidance.

## VI. **ABBREVIATIONS AND FORMS**

The following will appear in their shortened form in this Directive:

HRFO-BWC	Human Resources Field Office, Benefits and Workers Compensation Section
OWCP	Office of Workers Compensation Programs
CA-7	Claim for Compensation
FSIS Form 3530-4	Time and Attendance Report
FSIS Form 4610-9	Acceptance or Declination Statement

## VII. **DEFINITIONS**

A. **Injured Employee.** An employee injured at the place of employment, either by a traumatic injury or occupational disease or illness.

B. **Occupational Disease or Illness.** A condition produced in the work environment over a period longer than one workday or shift. It may result from systematic infection, repeated stress or strain, exposure to toxins, poisons, and fumes or other continuing conditions of the work environment.

C. **Program Official.** The individual with overall responsibility for program management in a respective area. The Program Official for:

1. **Bargaining unit employees** is the district manager.
2. **All other employees** is the immediate supervisor.

D. **Traumatic Injury.** A wound or other condition of the body caused by external force, including stresses or strain. The injury is identifiable as to time and place of occurrence and member or function of the body affected. It must be caused by a specific event or incident or series of events or incidents within a single day or work shift.

## VIII. **OBJECTIVE**

The Work Hardening Program provides the Agency and the injured employee a structured, goal oriented, individualized program designed to return the injured employee to work as soon as medically possible. This gradual return to work enables the employee to gain strength while enhancing recovery and self worth.



IX. **COMPENSATION FOR HOURS WORKED**

An employee working under the Work Hardening Program receives the regular rate of pay for the hours worked. For the non-duty hours, the employee is covered by OWCP benefits and receives compensation based on dependent status in subparagraphs A through D, or uses the leave program.

- A. A spouse living with the employee or receiving regular support payments from the employee.
- B. An unmarried child living with the employee or receiving regular contributions of support and is under the age of 18. **Exception:** The child may be over 18 if such child is incapable of self-support due to physical or mental disability.
- C. A student between 18 and 23 years old who has not completed 4 years of post-high school education and is pursuing a full-time course of study.
- D. A parent wholly dependent on and supported by the employee.

## PART TWO—PARTICIPATION

### I. PROGRAM IMPLEMENTATION

A. HRFO-BWC, the treating physician/medical provider, and OWCP determine employee participation. The medical documentation must suggest that the employee would benefit from participation based on limitations and the physical requirements of the position. Each case is handled on its own merits.

B. The subsequent written agreement outlining the terms and conditions requires approval of HRFO-BWC, the physician, the Program Official, and if applicable the bargaining unit council president. (See Paragraph III.)

### II. WORK SCHEDULE

A. **Duration.** The duration of this program is generally from two weeks to three months in length, although under unusual circumstances there may be exceptions. The hours may be as short as 2 hours per day. Four hours is the preferred length of time. For in-plant employees, the exact starting time during the shift is at the discretion of the Program Official. **An example of a work hardening schedule is:**

1. Four hours per day for 2 weeks.
2. Six hours per day for 2 weeks.
3. Eight hours per day for 2 weeks.
4. Full duty (with overtime for inspection personnel, if required).

#### B. **Procedure.**

1. Work schedule adjustments to the injured employee's agreement may be made as necessary and appropriate. Adjustments require concurrence by the Program Official.

2. The injured employee may request, in writing, a work schedule adjustment. The written request must describe the change and include a written supporting statement from the medical provider. The employee sends the written request and supporting statement to the Program Official for review. The Program Official communicates the request to HRFO-BWC for review and comment.

### III. **AGREEMENT OUTLINING PROVISIONS OF RETURN TO DUTY**

Once approved to participate in the Work Hardening Program, the employee receives (by certified mail) a written agreement from HRFO-BWC outlining the terms and conditions of the Work Hardening Program.

A. An agreement is developed between the Agency and the employee outlining terms for a gradual return (see Attachment 2-1). The Agreement includes the specifics of the Work Hardening Program and includes the dates of return to duty and the progressive hours of work.

B. The employee has 7 calendar days from the date of receiving the Agreement to accept or decline the offer. The employee's decision must be in writing (see Attachment 2-2).

### IV. **FAILURE TO RESPOND**

Failure to respond is considered a declination and may result in termination of compensation benefits (except medical benefits) if reasons for the declination are unacceptable to the OWCP.

### V. **NOTICE TO OTHER EMPLOYEES**

The Program Official:

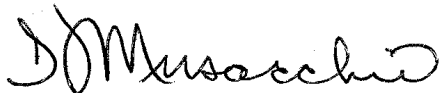
A. Notifies other Agency employees at the worksite of the injured employee's return to duty.

B. Provides a brief explanation that identifies the employee as a participant in the Work Hardening Program and the limited tour of duty for the designated timeframe.

C. **Does not** disclose an employee's medical condition or information on the specific injury or illness. These items are protected by the Privacy Act.

### VI. **REPORTS**

The HRFO-BWC provides monthly status reports to the National Joint Council representative. The report lists all bargaining unit employees participating in this Program. The report contains the injured employee's name, duty location, nature of injury, and the length of time.



for Deputy Administrator  
Office of Management

**SAMPLE AGREEMENT**

(Date)

Leslie Doright  
555 Anywhere Street  
Anytown, State 99999

Dear Mr. Doright:

Based on information we received from Dr. Tree Branch, M.D., we are pleased to inform you that we are able to return you to work on a gradual basis.

While maintaining this revised schedule you will be performing your full duties at your assigned plant. Your physician may release you to full duties earlier than this schedule dictates.

You may request Leave Without Pay (LWOP) and file a claim for compensation for the remaining hours you are not working by submitting Form CA-7, Claim for Compensation, and a copy of your Time and Attendance Sheet.

Your schedule will be:

- Starting September 27, 2000, four hours per day for a period not to exceed October 9, 2000.
- Starting October 10, 2000, six hours per day for a period not to exceed October 23, 2000.
- Starting October 24, 2000, eight hours per day for a period not to exceed November 6, 2000.
- Starting November 7, 2000, return to full duty with any necessary overtime.

Your decision whether to accept or decline this offer must be in writing within seven (7) calendar days from the date of this agreement. The enclosed FSIS Form 4610-9, Acceptance/Declination Statement is provided for this purpose.

Sincerely,

Ms. JoEllen Day  
Benefits and Workers' Compensation Section

cc: Program Manager  
Council President (Bargaining employees)  
Labor and Employee Relations Division

**SAMPLE FORM 4610-9, ACCEPTANCE OR DECLINATION STATEMENT**

**ACCEPTANCE OR DECLINATION STATEMENT**

(Date)

**Please Return This Form to the Human Resources Field Office, Benefits and Worker's Compensation Section**

**PART A**

I voluntarily accept the work-hardening schedule as proposed and understand that I may return to full duties if my physician releases me.

\_\_\_\_\_  
**Signature of Employee**

\_\_\_\_\_  
**Date**

**PART B**

I decline this offer of work hardening. I fully understand the consequence that if I decline this offer, I may be terminated or denied compensation benefits (except for medical benefits) if my reasons for declination of the offer are unacceptable to OWCP.

These are my reasons for my declination:

\_\_\_\_\_  
**Signature of Employee**

\_\_\_\_\_  
**Date**

**Failure to respond to this offer is considered a declination.**