



**ADMINISTRATIVE COMMUNICATIONS SYSTEM  
U.S. DEPARTMENT OF EDUCATION**

**DEPARTMENTAL DIRECTIVE**

OM:2-107

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*Distribution:*  
All Department of Education Employees

*Approved by:* \_\_\_/s/\_\_\_\_\_  
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**Workers' Compensation Program**

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For technical questions regarding this directive, please contact the Workers' Compensation Specialist via email at [EDWorkersCompensation@ed.gov](mailto:EDWorkersCompensation@ed.gov) or by telephone at 202-401-2905.

Supersedes OM:2-107 "Workers' Compensation Program" directive dated 03/21/2006.

## **I. Purpose**

This policy states the authority and selected procedures for providing compensation and benefits to employees who sustain a traumatic injury, occupational disease or illness, or death while in the performance of duty.

## **II. Policy**

The U.S. Department of Education's (Department) policy is to provide a safe and healthful working environment for employees. In cases of job-related injuries or diseases, claims will be investigated and processed in a timely manner. When necessary, management will explore possibilities to accommodate employees who suffer from job-related injuries or diseases, with restricted or limited duty assignments in accordance with the physical limitations recommended by a physician.

## **III. Authorization**

The authorities for providing compensation for injuries and illnesses sustained in the performance of duty are contained in the Federal Employee's Compensation Act (FECA), Title 5 of the United States Code, Sections 8101-8193 and Title 20 Code of Federal Regulations, parts 1-25.

## **IV. Applicability**

This policy applies to all Department employees in headquarters and the regions.

## **V. Definitions**

- A. Benefits or Compensation - The money paid or payable under the FECA to the employee or his/her beneficiaries, including those paid for lost wages and medical treatments.
- B. Claim - A statement in writing of an employee's entitlement to benefits under FECA.
- C. Continuation of Pay (COP) - The process by which an agency may continue paying salary to an employee, who is disabled and unable to work due to a traumatic injury, for up to 45 calendar days. COP is not paid in cases of occupational diseases or illnesses.
- D. Disability - The incapacity, because of an employment injury, to earn the wages the employee was receiving at the time of the injury. It may be partial or total.
- E. Controversion of COP and/or Claim - The action of the Supervisor or Department recommending to the Office of Workers' Compensation Programs (OWCP) that COP or a claim for compensation be denied.

- F. Traumatic Injury - A wound or other condition of the body caused by external force, including stress or strain. The injury must be identified by the time and place of occurrence and member of the body affected; it must be caused by specific events or incidents within a single day or work shift. Injuries also include damage to or destruction of prosthetic devices or appliances, including eyeglasses and hearing aids if they were damaged incidental to a personal injury requiring medical services.
- G. Light Duty - Those duties and responsibilities that are outside an employee's regular position, but that meet the employee's current work capabilities as identified by a physician. They may be performed for a full shift or for shorter time periods.
- H. Limited Duty - Those specific duties and responsibilities of an employee's regular position that meet the employee's current work capabilities as identified by a physician. These duties may constitute all or part of the employee's regular job assignment. They may be performed for a full work shift or for shorter time periods.
- I. Occupational Disease or Illness - 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.
- J. Office of Workers Compensation Program (OWCP) - Office within the U.S. Department of Labor functionally responsible for oversight of the Workers' Compensation Program.

## **VI. Responsibilities**

- A. The Assistant Secretary for Management will:
  - 1. Advise the Secretary of Education and staff officials in planning, developing and implementing policies, programs, and systems to manage workers' compensation programs; and
  - 2. Establish goals for the reduction of the workers' compensation program costs.
- B. The Office of Management's (OM) Director of Management Services will:
  - 1. Advise the Assistant Secretary for Management and staff officials in planning, developing and implementing policies, programs and systems to manage workers' compensation programs and ensure a greater coordination between the workers' compensation program and safety/health to minimize reoccurrence and reduce agency cost;
  - 2. Develop and interpret Departmental policies and standards for the Department workers' compensation program; and

3. Represent the Department in rule making presentations before advisory or legislative groups affecting the workers' compensation program.
- C. The OM ED Workers' Compensation Specialists, (see <http://connected.ed.gov/index.cfm?office=om&articleobjectid=0B0E55BC-C859-4BD6-B5AA3D7C47D6151B> for contact name) will:
1. Assist injured employees in completing workers' compensation claim forms in order to reduce errors and omissions that may delay payment of valid claims;
    - Advise employees of their responsibilities, rights, and benefits including:
      - The obligation to submit medical evidence,
      - The obligation to obtain a description of work restrictions if light or limited duty is available;
  2. Inform employees of his/her the rights to elect COP, sick or annual leave for injuries;
  3. Ensure that the OWCP claim forms are processed within the 10 workday timeframe established in Department of Labor regulations so that injured employees may be compensated, when entitled, in a timely manner;
  4. Provide day-to-day case management of the workers' compensation program while providing advice and answers to employees, managers, and supervisors;
  5. Coordinate the workers' compensation program appropriately with job-injured employees, supervisors, attending physicians, OWCP, payroll functions, and the safety officer to ensure that all required actions and/or communications are performed;
  6. Controvert claims, when appropriate, and instruct supervisors in effective methods for controverting claims by proper investigations and documentation;
  7. Verify that all OWCP forms are properly coded (e.g. chargeback codes, injury codes, occupational codes) so that Department reports may accurately track injuries and compensation recipients;
  8. Monitor all cases from the time of injury until return to full duty and take appropriate actions to achieve a return to duty as soon as possible;
  9. Maintain the current status on all current or former employees receiving compensation, whether or not the individual is still on the Department's rolls;
  10. Safeguard workers' compensation files;

11. Determine which cases involve the potential for reemployment and coordinate with the OWCP and supervisors;
12. Conduct periodic reviews of the OWCP, including the monitoring and tracking of COP Benefits. Examples include:
  - Tracking claim form submissions, claimants' files, and OWCP time lag reports to ensure timely processing, controversion of claims and return of employees to duty;
  - Reviewing and verifying quarterly chargeback reports to monitor cases, identifying discrepancies concerning possible over payments. This includes cross-checking against the human resources database and making sure the claimant's SSN and Principal Office are accurate as well as actual verification of being an ED employee. Notify the OWCP and Principal Office of discrepancies noted and ensures that deficiency is corrected;
  - Providing OWCP chargeback information to specific Principal Office Executive Officers for review and verification on a routine basis;
  - Managing oversight of new and long-term claims;
  - Reviewing employees' status during periods of disability and ensuring employees are returned to duty as soon as medically capable; and
13. Post information about workers' compensation on ConnectED.

D. All Managers and Supervisors will:

1. Review all reports of job-related injuries or illnesses and, if there is a reason to disagree with any aspect of a claim:
  - Immediately gather pertinent information (fact finding);
  - Provide written documentation of findings; and
  - Take corrective action as appropriate;
2. Identify and make available limited duty assignments, if and when available, that accommodate the medical restrictions of job-injured employees;
3. Refer employees to the Workers' Compensation Specialist for counseling and information on benefits under the Workers' Compensation Program;
4. Assist in workers' compensation cost reduction efforts by:
  - In consultation with the Workers' Compensation Specialist, investigating and reporting all injuries and illnesses and any instances of possible abuse or false claims;
  - Correcting, to the extent of their authority, recognized hazards that are causing or are likely to cause death or serious physical harm;

- Advising agency officials of the availability of light or limited duty assignments or other reemployment opportunities;
5. Refer to the Supervisor's Guide for Workers' Compensation available on connectED at [http://connected.ed.gov/doc\\_img/fin\\_sup\\_gde.doc](http://connected.ed.gov/doc_img/fin_sup_gde.doc) for additional information on the process to be followed for the submission and handling of claims under the Workers' Compensation Program along with other information for supervisors; and
  6. Track and monitor COP Reports for accuracy. Managers and Supervisors must ensure that all COP usage is properly tracked and accounted for on the employee official timecard (refer to Supervisor's Guide under "Supervisory checklist" for additional information.); and
  7. Promptly report unsafe and unhealthy working conditions to the OM by calling the Help Desk (202) 708-HELP, option 2.

E. Executive Officers will:

Review and verify the OWCP Chargeback Report for their specific Principal Office submitted by the ED Workers' Compensation Specialist. Any and all discrepancies must be communicated in writing to the ED Workers' Compensation Specialist.

F. Employees will:

1. Exercise safe work practices;
2. Comply with all applicable safety and health rules and regulations in order to prevent injuries and illnesses;
3. Report unsafe or unhealthful working conditions to their immediate supervisor for corrective action or to guard services if it is after normal working hours for corrective action;
4. Notify their supervisors as soon as possible after a job-related injury/illness or exposure to a hazardous material that is likely to result in a job-related illness;
5. File claims and furnish necessary information on the appropriate forms by established deadlines to support claims;
6. Keep supervisors well informed of their status including providing the supervisor immediately with acceptable written medical documentation listing specific physical limitations and restrictions. Employees are responsible for returning to duty when offered duties that are consistent with their attending physician's determination of limitations and restrictions;

7. Request leave in accordance with standard procedures to cover all absences necessitated by a work-related injury or illness;
8. Refer to Appendix A, Injury Compensation Forms Description and other referenced guidance about what to do if you suffer a work-related injury or illness. The Description and other guidance discuss mandatory deadlines with which an employee must comply or he/she may lose benefits;
9. If injured on the job, the employee must notify his/her supervisor immediately and report to the Health Unit that services the employee's building, or to the guard services if after normal working hours, for first aid and medical care. If additional treatment is needed, the Health Unit staff will refer the employee to a hospital or to the employee's private physician;
10. If injured while on travel, the employee should first contact his/her supervisor. The employee should then contact his/her normal Workers' Compensation Specialist (if in HQ, the appropriate Specialist and if in the regions, the Personnel Specialist) for additional assistance;
11. After the physician or the hospital has completed the medical forms supplied to the employee by the Health Unit, the employee is responsible for returning the appropriate forms to the Workers' Compensation Specialist for processing; and
12. Refer to Appendix A, Injury Compensation Forms Description about what to do if a work-related injury or illness occurs. The descriptions include mandatory deadlines with which employees must comply or he/she may lose benefits.

## **VII. Procedures and Requirements**

The Health Unit staff will provide the employee with a Form CA-1, "Notice of Traumatic Injury", which is the initial form to document the injury or the CA-2, "Federal Employees Notice of Occupational Disease and Claim for Compensation." The Health Unit will also provide other forms that might be required if further medical treatment is needed such as a CA-16, Authorization for Examination or Treatment, and/or an OWCP-1500, Health Insurance Claim Form, which the employee's private physician must complete in order for the employee to be paid for medical services. If the Health Unit is closed, the employee should contact the Workers' Compensation Specialist. If the Workers' Compensation Specialist is unavailable, the employee should contact his/her medical provider immediately.

Note: In cases of death, the Supervisor will be instructed by the Workers' Compensation Specialist to complete a CA-6, "Official Supervisor's Report of Employee's Death."

When the employee first visits a physician, the employee is responsible for ensuring that the physician is aware that the employee's injury was sustained on the job and that the work-related injury will require that workers' compensation medical forms be processed.

After the physician or the hospital has completed the medical forms supplied to the employee by the Health Unit, the employee is responsible for returning forms to the Workers' Compensation Specialist for processing.

All workers' compensation *forms* are now available at:

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

For more complete *information* about workers' compensation, including mandatory deadlines employees must comply with, please refer to:

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

### **VIII. Injury Compensation Forms Description**

Many of the following deadlines refer to ED's deadlines for submission to DOL.

Employees and Supervisors are **STRONGLY** encouraged to consult with the appropriate Worker's Compensation Contact for specific internal deadlines, which are probably earlier than those identified in the table.



Form No.	Form Title	Purpose	Prepared By	When Submitted	Completed Forms sent to
CA-1	Federal Employees Notice of Injury and Claim for Compensation	Notifies supervisor of traumatic injury and serves as the report to OWCP when (1) the employee has sustained a traumatic injury that is likely to result in a medical charge against the compensation fund (2) the employee loses time from work on any day following the injury date, whether the time is charged to leave or to continuation of pay, (3) disability for work may subsequently occur. (4) permanent impairment appears likely; or (5) serious disfigurement of the face, head, or neck is likely to result.	Employee or someone acting on employee's behalf, witness (if any), supervisor.	By employee within 30 days (but will meet statutory time requirements if filed no less than 3 years after the injury) by supervisor within 10 working days following receipt of the form from the employee.	Supervisor by employee or someone acting on employee's behalf, then to the appropriate OWCP office by the supervisor.
CA-2	Federal Employees Notice of Occupational Disease and Claim for Compensation	Notifies supervisor of an occupational disease and serves as the report to OWCP when (1) the disease is likely to result in medical charge against the compensation fund (2) the employee loses time from work on any day because of the disease, whether the time is charged to leave or the employee chooses to claim injury compensation; (3) disability for work may subsequently occur (4) permanent impairment appears likely; or (5) serious disfigurement of the face, head, or neck is likely to result.	Employee or someone acting on employee's behalf, witness (if any), supervisor.	By employee within 30 days (but will meet statutory time requirements if filed no later than 3 years after the injury) by supervisor within 10 work days, after receipt of the form from the employee.	Supervisor, by employee or someone acting on the employee's behalf, then to the appropriate OWCP office by the supervisor.
CA-2a	Notice of Employee's Recurrence of Disability and Claim for Pay/ Compensation	Notifies OWCP that an employee, after returning to work, is again disabled due to a prior injury or occupational disease. It also serves as a claim for continuation of pay or for compensation based on the recurrence of a previously reported disability.	Employee or someone acting on employee's behalf, witness (if any), supervisor.	Immediately upon receiving notice that the employee has suffered a recurrence. When the employee stops work as a result of recurring disability, the employee shall advise the supervisor whether he/she wishes to continue to receive regular pay (if eligible) or charge the absence to sick or annual leave.	Appropriate OWCP office.
CA-3	Report of Termination of Disability and/or Payment	Notifies OWCP the disability from injury has terminated and/or the continuation of pay has terminated and/or that employee has returned to work.	Supervisor	Immediately after the disability or continuation of pay terminates, or the employee returns to work.	Appropriate OWCP office.

Form No.	Form Title	Purpose	Prepared By	When Submitted	Completed Forms sent to
CA-5b	Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren.	Claims compensation for the dependents when injury results in death.	Person claiming (or guardian on behalf of children) and attending physician.	Within 30 days, if possible, but not later than 3 years after death resulted from an injury for which a disability claim was timely filed, the time requirements for filing death claim have been met.	Supervisors by claimant or someone acting on claimant's behalf, then appropriate OWCP office.
CA-5	Claim for Compensation by Widow, Widower, and/or Children	Claims compensation on behalf of these dependents when injury results in death	Person claiming compensation (for self or on behalf of children) and attending physician	Within 30 days, if possible, but not later than 3 years following date of death. If the death resulted from an injury for which a disability claim was timely filed, the time requirements for filing the death claim have been met	Supervisor, by claimant or someone acting on claimant's behalf; then to appropriate OWCP office.
CA-6	Official Supervisor's Report of Employee's Death	Notifies OWCP of the employment related death of an employee.	Supervisor.	Within 10 workdays after knowledge by supervisor of the employment related death of an employee.	Appropriate OWCP office.
CA-7	Claims for Compensation on Account of Traumatic Injury or Occupational Disease.	Claims compensation if (1) medical evidence shows disability is expected (and is not covered by COP in traumatic cases); (2) the injury has resulted in permanent impairment involving the total or partial loss of use of remaining parts of body or serious disfigurement of the face, head, or neck; (3) loss of wage-earning capacity has resulted.	Employee or someone acting on employee's behalf, supervisor, and attending physician, on form CA-20).	In case of traumatic injury, the form must be completed and filed with OWCP not more than 10 working days before the termination of the 45 days. In case of occupational disease, this form should be submitted as soon as pay stops.	Supervisor, by employee or someone acting on employee's behalf, then to the appropriate OWCP office by the supervisor.
CA-8	Claim for Continuing Compensation on Account of Disability.	Claims compensation when loss of pay continues beyond time coverage by the claim on form CA-7.	Employee or someone acting on employee's behalf, supervisor, and attending physician (on attached Form CA-20a).	At least 5 days before the end of the period claimed on form CA-7 or CA-8 for the period of disability supported by medical evidence.	Supervisor, by employee or someone acting on employee's behalf, then to the appropriate OWCP office by the supervisor.

Form No.	Form Title	Purpose	Prepared By	When Submitted	Completed Forms sent to
CA-16	Authorization for Examination and/or Treatment	Authorizes an injured employee to obtain examination and/or treatment for up to 60 days and provides OWCP with initial medical report. Treatment may be obtained from a local hospital or physician (who may be a surgeon, osteopath, podiatrist, dentist, clinical psychologist, optometrist, or under certain circumstances, a chiropractor or from a U.S. medical facility, if available.) May also be used for illness, or disease if prior approval is obtained from OWCP. The employee may initially select the medical provider of his/her choice but must request a change from OWCP.	Part A - Supervisor  Part B - Attending Physician	Part A - By supervisor, within 4 hours of a traumatic injury.  Part B - By attending physician or medical facility as promptly as possible after initial examination.	Part A - Physician or medical facility.  Part B - Appropriate OWCP office
CA - 17	Duty Status Report	In traumatic injury cases, provides supervisor and OWCP with interim medical report containing information as to employee's ability to perform any type of work.	Supervisor and attending physician.	Promptly upon completion of examination or most recent treatment.	Original to the employing agency and a copy to appropriate OWCP office.
CA-20	Attending Physicians Report	Provides medical support for claim and is attached to form CA-7; provides OWCP with medical information.	Attending Physician.	Promptly upon completion of examination or most recent treatment.	Original to the employing agency and a copy to appropriate OWCP office.
CA-20a	Attending Physicians Supplemental Report	Provides OWCP with additional medical information in connection with supplemental claim filed on attached form CA-8.	Attending Physician.	Promptly upon completion of examination or most recent treatment.	Appropriate OWCP office.
OWCP 1500a	Federal Employees Compensation Program Medical Providers Claim Form.	Provides OWCP with standard billing form to facilitate payment of medical bills. The form should accompany the CA-16 when employee is referred to a physician.	Attending physician, employee must sign on item 12.	Promptly upon completion of examination or treatment, physician may submit in usual billing cycle.	Appropriate OWCP office.