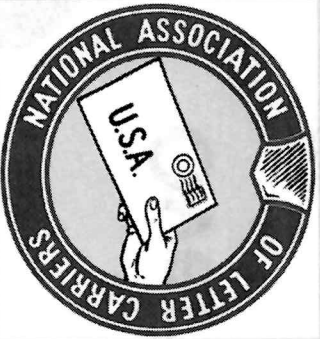


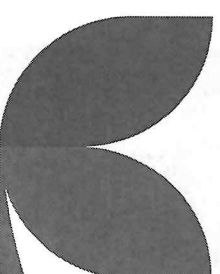
NALC OWCP Grievance Guide and Basic Claim Filing



**Misty Wenger, RWCA
Dexter Lester RAA**

Overview

- Grievance Guide
- ECOMP
- Statements & Filing
- Medical Documentation
- COP/Wage Loss
- Case status
- Limited & Light Duty

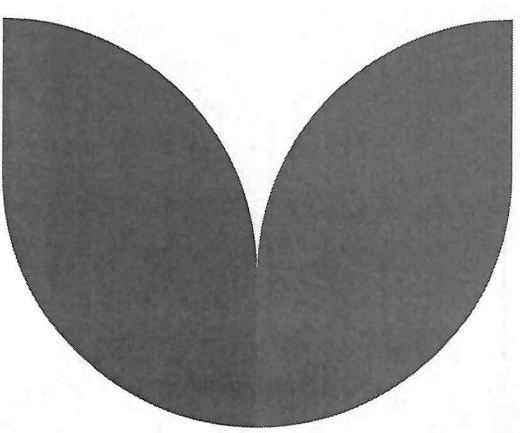


Introduction

Walk through filing claims and grievances associated with managements failure to follow the rules, regulations and laws of the Federal Employees Compensation Act (FECA).

Two Aspects of Work Related Injuries

- Contractual
- Dept of Labor/OWCPC



How to Grieve

“I am not grieving/arguing the OWCP decision. This grievance argues management’s failure to adhere to the law, regulations, and contract.”





FREDRIC V. ROLANDO, PRESIDENT

NALC

Press Room · Contact Us · Health Benefit Plan



Search



MEMBERS ONLY

About NALC

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Government Affairs

Workplace Issues

Union Administration

Community Services

Member Benefits

MEMBERS ONLY

Member Benefits

Postal Service passes in the Senate

Thank members of Congress who voted "yes" on H.R. 3077.

[CLICK HERE](#)



GRIEVANCE GUIDE

WWW.NALC.ORG

MEMBERS ONLY PORTAL



Click on Image

Return to Login Page

Member Documents



Arbitration

Survey

MAA Hours Status

Workhours Tracking

Delegate Reports

* If changes need to be made to your member information, please contact the NALC Membership Department at (202) 393-4695.



WILLIAMS
FEDERAL REGIONAL PRESIDENT

Member: KRISTIN S WILLIAMS

Member Documents Selection

Exit Document...

* Hover over category(s) to display the list of as

documents. Click on document description to view it.

Categories: [Convention Workshops](#) [OWCP Tentative Agreement Highlights](#) [Forms & Documents](#) [Rap Session 2019](#) [Deaf & Hard of Hearing](#)

- OWCP Grievance Guide
- Failure to Provide-Process COP
- Fail to Provide Pay Rate Info
- Delay Forwarding of CA-1/CA-2
- Improper Contact of Physician
- Misrepresented Job Offer
- Failure to Pay IW on DOI
- Improper Calc CCA COP WLC
- Providing a CA-2a vs CA-1 or 2
- Right to Choose a Physician
- Notice of Controv./Challenge
- Fall Contacts with Physician
- Failure to Provide Form CA-16
- Fail Provide Completed CA-1/2
- Delaying Forward of CA-7
- Injured Right to Claims Form
- Limited Duty-Withdrawal LDJO



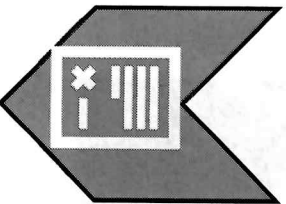
GRIEVANCE GUIDE

Provides citations and
references

Modify to fit situation

Contractual Citations

- **Article 3** limits managements rights by requiring consistency with applicable laws and regulations.
- **Article 5** prohibits management from actions that are inconsistent with its obligations under law.



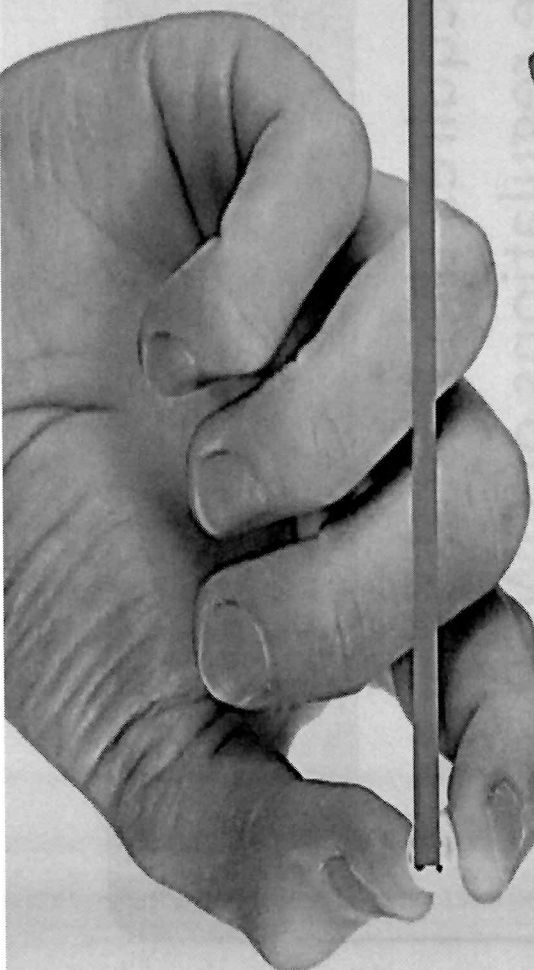
- Cite national level Pre-Arb F94N-4F-C 96032816 (M-01316)
- Cite JCAM page 5-1 for quotation of Arbitrator Bernstein's national level award in H1N-5G-C 14964 (C-06858)

THE

LEXICON

5 USC 81

20 CFR 10

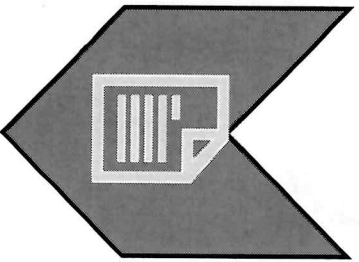


Contractual Citations

Article 21.4 specifically requires the Postal Service to comply with applicable regulations of OWCP.

The National Agreement clearly requires the Postal Service to comply with OWCP law and regulations.

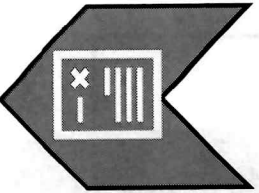
- CA-810 Injury Compensation for Federal Employees*
- CA-550 FECA Questions and Answers*



Contractual Citations

Article 15.1 states the parties have agreed that disputes that may be handled within the grievance procedure may include alleged violations of law.

Cite Step 4 B04N-4B-C 97024116 (M-01372) for the proposition that Bernstein's award is binding on regional arbitrators.

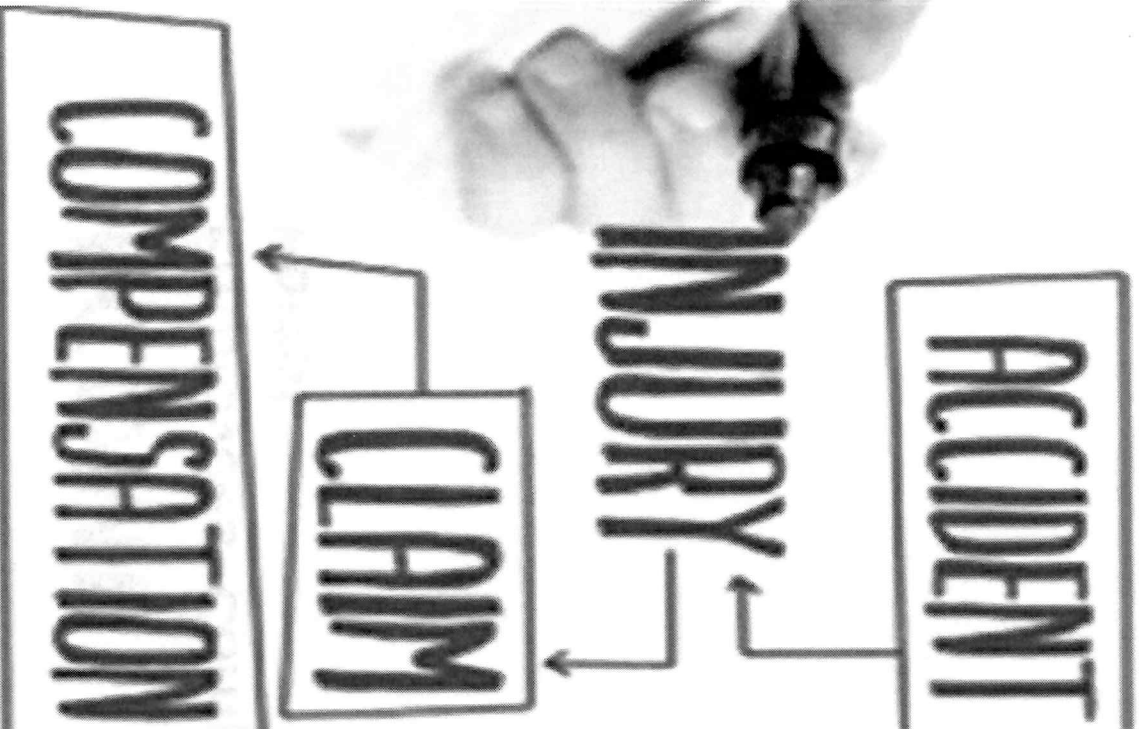


Contractual Citations

Article 19 covers Postal Service Handbooks and Manuals. OWCP related Handbooks and Manuals include, but are not limited to:

EL-505 Injury Compensation

Employee Labor Relations Manual (ELM 540)



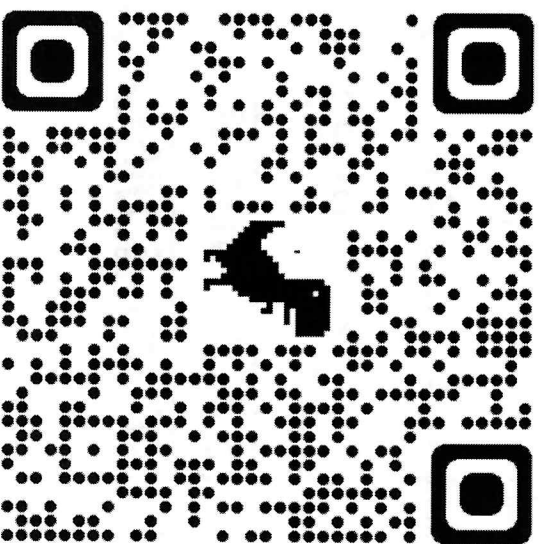
Why is E-Filing Important?

- ✓ OWCP no longer accepts paper forms (2022)
- ✓ Faster OWCP claims adjudication
- ✓ Carriers can track the status of any form submitted via ECOMP
- ✓ Management is not your friend when you are injured

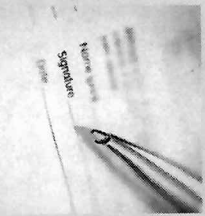


ECCOMP

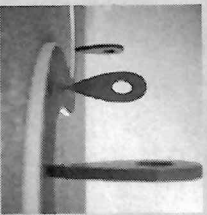
**Employees' Compensation Operations & Management
Portal**



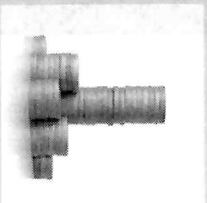
What can I do on ECOMP?



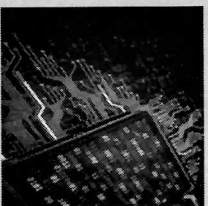
**File Claim
Forms**



**Track Status
of Case/Forms**



**File CA-7
Compensation
Forms**



**Upload &
submit
documents**

REGISTRATION

- ❖ Name
- ❖ Phone #
- ❖ Email
- ❖ Date of Birth
- ❖ Mailing Address
- ❖ Soc Security #
- ❖ Password

Need to file a form?

Register for an account or sign in to get started!

Sign In

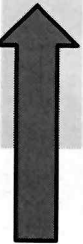
Email or Username

Password

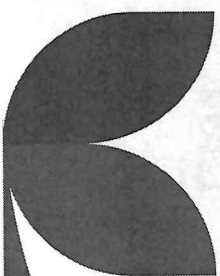
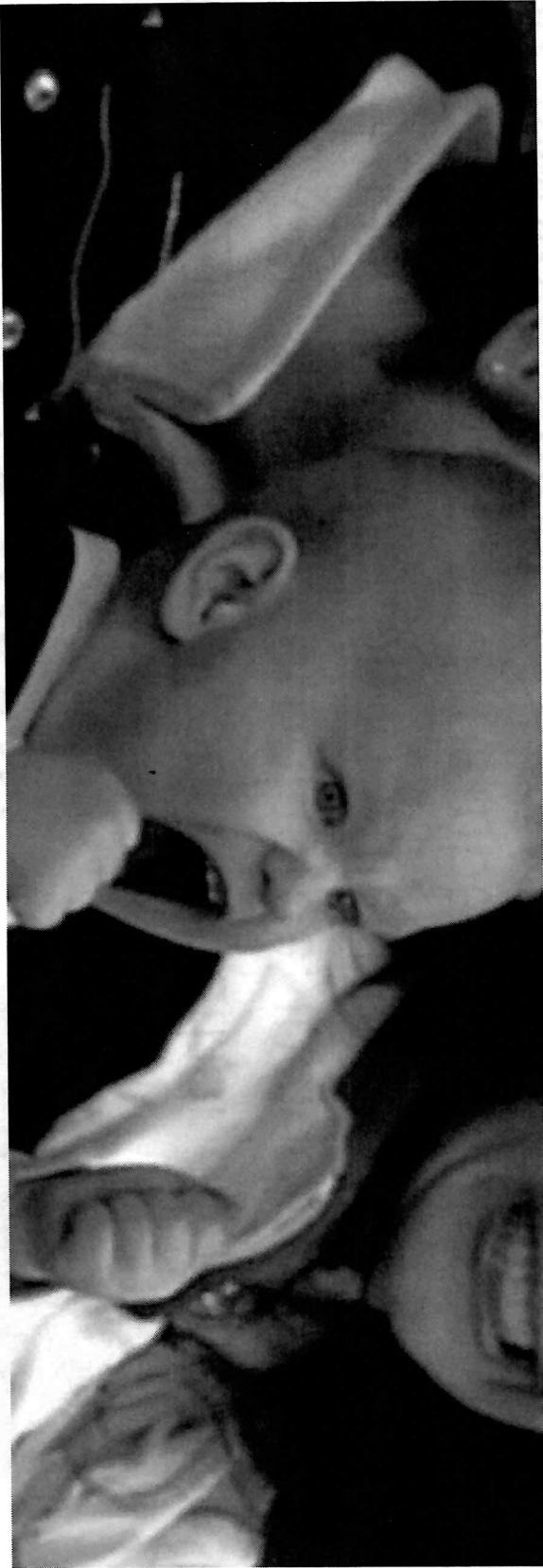
SIGN IN

Forgot password?

[Need an account? Register](#)



Ready for anything



TRAUMATIC INJURY

Traumatic Injury (TI) – a wound or other condition of the body caused by external force, including stress or strain. The injury must be 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 during a single day or work shift. 20 CFR 10.5 (ee).





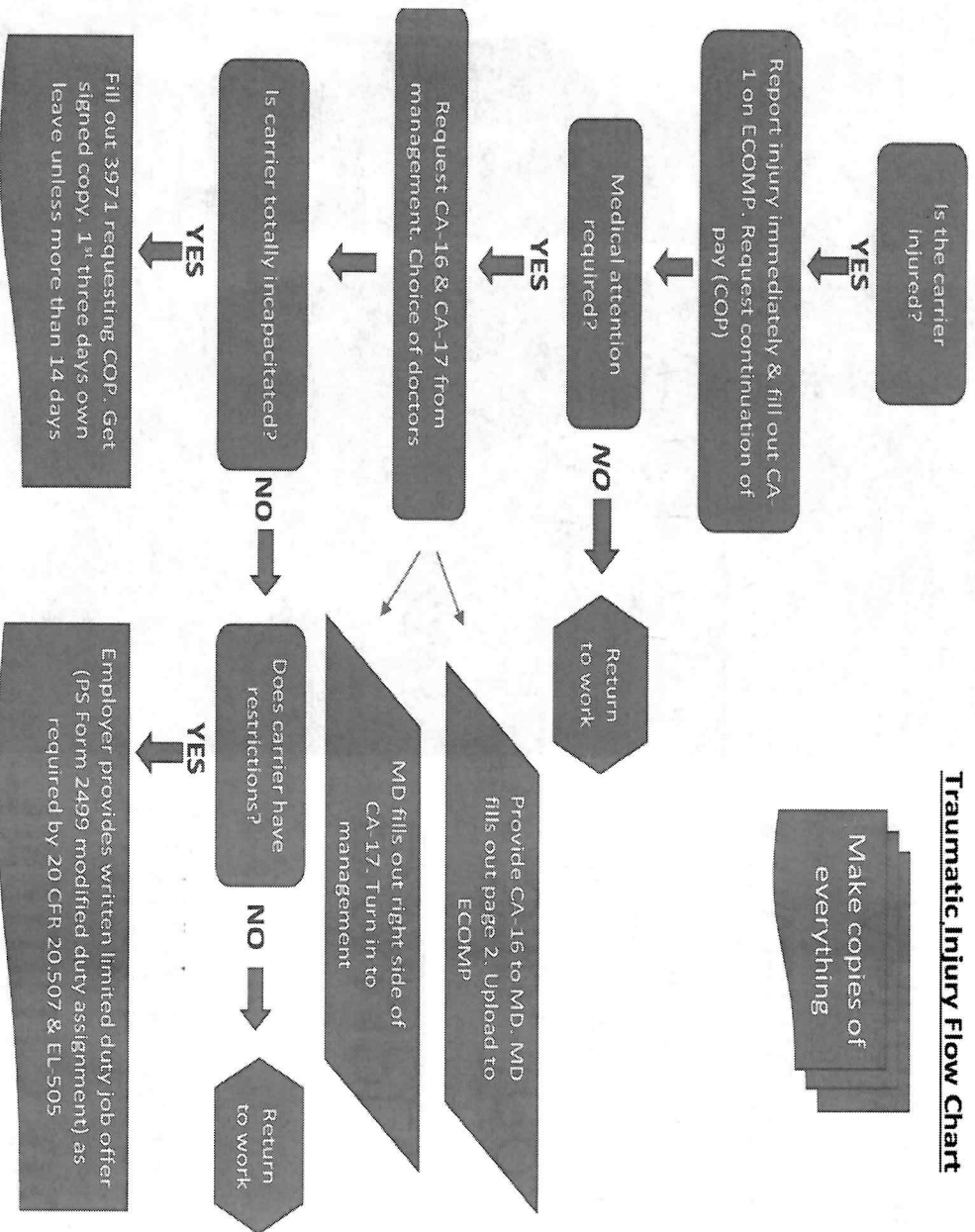
INJURIES OCCURRING DURING SINGLE WORK-SHIFT

EXAMPLES:

- Slip, Trip, Fall
- Heat Exhaustion
- Vehicle accident
- Animal/bug bite



Traumatic Injury Flow Chart



A traumatic injury is defined as a wound or condition of the body caused by external force, including stress or strain. The injury must be identifiable by time and place or 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.

Management must provide a CA-16 within 4 hours of being notified of injury and filing of CA-1.

Notify union of injury and if management does not provide CA-16, pay COP, or provide work within restrictions.

Statement of Events

What – Where – How – Who

Be descriptive

No postal
slang

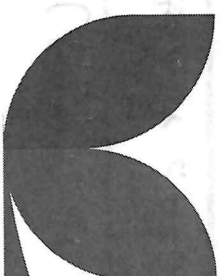
What were you
doing? Not
“just walking”

Where were
you?

Weather?
Terrain?

Witnesses?

Who did you
tell?



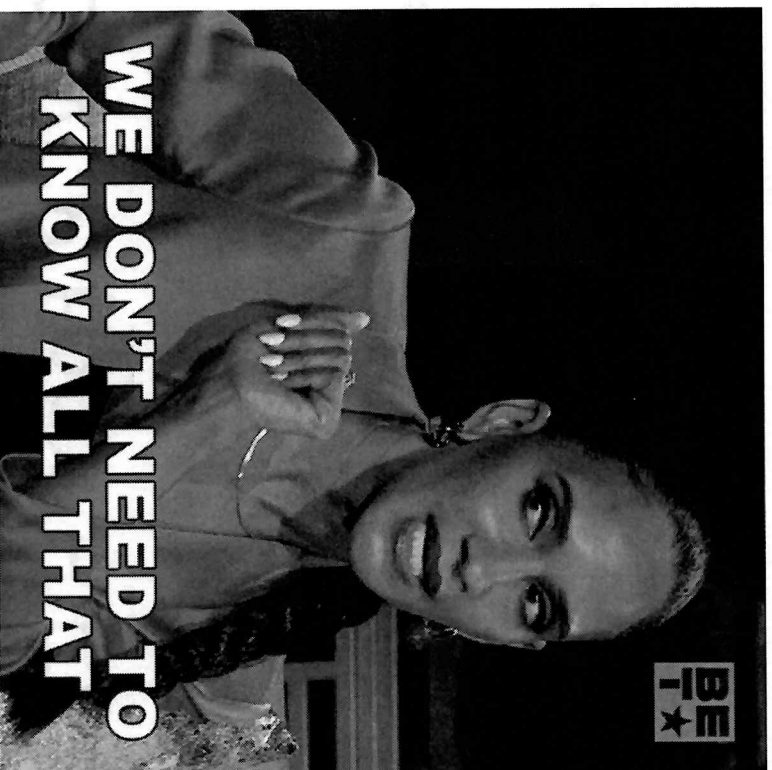
“

I Town Wells was doing door to door delivery (PTD). While
waiting up the stairs at 43 Berkhett st in Asheville at around
3:15pm I fell. I slip on wet leaves I had been raking
hard that day. After I fell I immediately called my
supervisor Michael R, to report the accident.

Buddy part.

”

Stick to the Facts





OWCPC Form – CA-1

Welcome to your ECOMP Dashboard

To file a new injury/illness claim, click on the ["New Claim"](#) link above.

Documents upload and management may be accessed in the "Documents" link above.

Each existing injury/illness claim you have initiated can be found in the Cases tab of the table below. If you have any forms in Draft Status, they will be listed in the Draft Forms tab of the table. The Action Required tab shows if additional information is required in order to process your claim. This includes returned claim forms. If you do not respond, your entitlement to benefits may be delayed or suspended. If your Action Required tab is empty, there is nothing required of you at this time.

By clicking anywhere in the row of an injury/illness claim in the table below, you will be taken to its Case Review page where you can:

- Finish filing any injury/illness claims that are in Draft status.
- View case details including the injury claim information, forms associated with the case, claim status, compensation payment tracking, compensation payment history, and from within the payment period details you may also access the compensation amount, health benefit and life insurance details, payee information, and the formula for compensation. You can also access additional billing information through the Bill Pay Inquiry link. Pharmacy information is available through the "Pharmacy Benefit" link.
- File associated claim forms, such as a CA-7 Claim for Compensation, using the "New Case Form" drop down button within the Forms tab of the Case Review page.
- Review and respond to case letters and requests for information. If OWCPC needs information to process your claim, the request letter will appear in the Response Required tab. If the request is overdue, it will appear in the Overdue Request tab. If you do not respond to these items, your entitlement to benefits may be delayed or suspended. Letters that are informative and require no response appear in the Informational Letters tab.



10 find supervisors email, phone# and their messager. Light blue -> Here -> top risk + hard career.

Which Forms Can I File?

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

EMPLOYMENT STATUS ①

Federal Employee Contractor

GOVERNMENT ORGANIZATION ②

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

Select Department
UNITED STATES POSTAL SERVICE

Filter by State (optional) Select a state

To learn how to proceed, fill out the fields above. What if I don't know my government organization? ③

GOVERNMENT ORGANIZATION ②

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

Select Department
UNITED STATES POSTAL SERVICE

- Agency Group
ATLANTIC AREA
- Agency
NORTH CAROLINA

Dir/Station
OCCUPATIONAL HEALTH CLAIMS OFFICE, 1120 PLEASANT RIDGE ROAD, RN# 10431-1, GREENSBORO, NC 27498

You can file forms CA-1, CA-2, CA-3, CA-4, CA-7, CA-7a, CA-7b, CA-16 for this organization through ECOM ③

To file a form for injury or illness:

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

② If you are filing a claim for COVID-19, choose File COVID-19 Claim. If you are filing a claim related to a COVID-19 vaccination, choose File CA-1 or CA-2.

FILE CA-1 OR CA-2 FILE COVID-19 CLAIM

③ If you wish to claim compensation and you've received an official FECA Case Number, you can file form **CA-7 (Claim for Compensation)**. You must have a FECA Case number to file a CA-7.

FILE CA-7

Explanation of Forms

About Forms CA-1 and CA-2

WHICH FORMS SHOULD I USE?

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

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

HOW DO I FILE THE FORM?

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

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

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

[FILE A CLAIM](#)

Choose your form

SELECT THE APPROPRIATE FORM:

CA-1

For Traumatic Injury

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

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

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

SELECT CA-1

CA-2

For Illness

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

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

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

SELECT CA-2

Provide your information

CA-1 Traumatic Injury Claim

FD-1589(1/22) Date

CA-1 Form help

Welcome to CA-1. This paper is for filing an injury claim. Under certain circumstances, you may complete a paper claim by filing your paper information below.

EMPLOYEE BASICS

1 First Name (required) (optional)

2 Employee Email

3 Social Security Number (optional)

4 Date of Birth (mm) (dd) (yy)

5 Gender

6 Home Telephone (optional)

7 Date of Date of Injury (optional)

HOME MAILING ADDRESS

1 Address (required)

2 City (required)

3 ZIP Code (required)

State

Country

DEPENDENTS

Wife/Husband

Children Under 18 Years

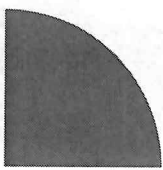
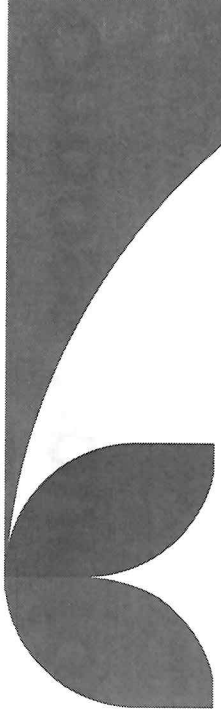
Other

None

WHO SHOULD REVIEW THIS FORM?

Immediate Supervisor's Email

Select Email Domain



Use your statement

DESCRIPTION OF INJURY

Please where event occurred

1 Place where event occurred

e.g. Main Post Office Box

2 e.g. 2nd floor (optional)

3 Address

4 City

5 State

6 Zip code

7 Country

UNITED STATES OF AMERICA

DATE

8 Date Injury Occurred

9 (mm)

(dd)

(yyyy)



10 Time Injury Occurred



11 Date of this Notice

If you submit this form today, it will be filed on 02/21/2023.

12 Employee's Occupation

2310 - PSYCL COLLECT & DELIVERY



Employee's occupation

13 2310 - PSYCL COLLECT & DELIVERY



INJURY

The next two fields have been defaulted from the OSHA-301 form. If present, Please edit if necessary.

14 Cause of injury (Describe what happened and why)

15

(130 characters remaining)

16 Nature of injury (Identify both the injury and the part of the body, e.g. fracture of the left leg)

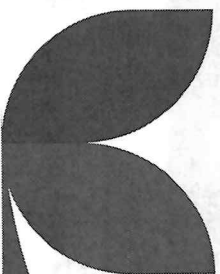
17

(150 characters remaining)

Error



EXIT



Can I Get A Witness!?

WITNESS (optional)



UNITED STATES OF AMERICA 

Date of Witness Statement 



Supporting Documents

CA-1 Traumatic Injury Claim

CA-1 filing help

ECN 15591622 | Draft

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

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

ATTACHMENTS (optional)

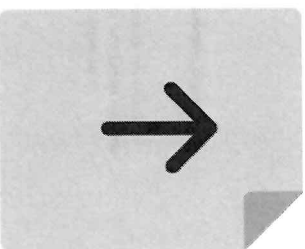
Max file size is 5MB

Limit number of pages to 20 per document

Allow 4 hours for processing

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

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



CHOOSE A FILE

Autosaved

Sign & File

SIGN & FILE FORM

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

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

A. Continuation of Regular Pay (CRP) ²
not to exceed 45 days and compensation for wage loss if disability for work continues beyond 45 days. If my claim is denied, I understand that the continuation of my regular pay shall be charged to sick or annual leave, or be deemed an overpayment within the meaning of 5 USC 5524.

B. Sick and/or Annual Leave

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

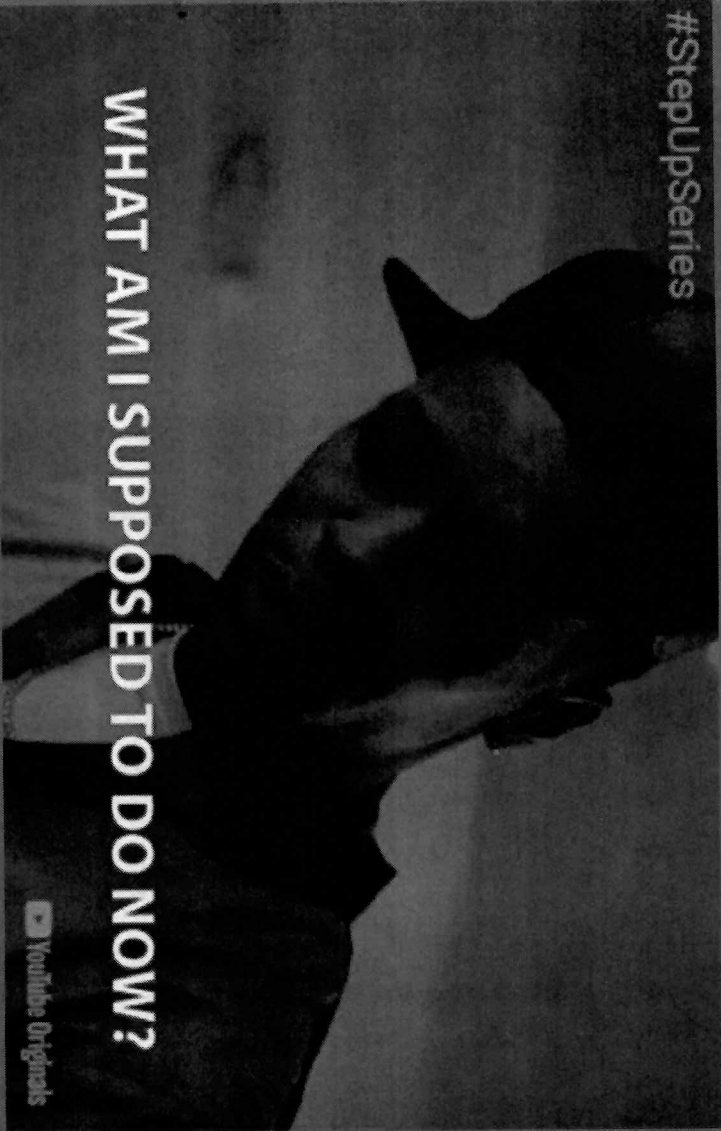
Submitting this form is considered the same as signing it.



EXIT

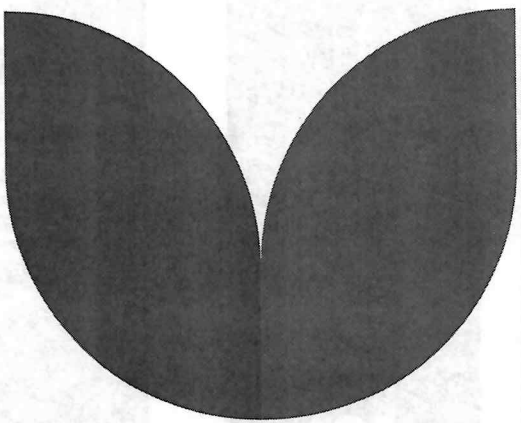
SIGN AND FILE

#StepUpSeries




WHAT AM I SUPPOSED TO DO NOW?

YouTube Originals



StepUpSeries
What Am I Supposed To Do Now?
StepUpSeries

Print copy brings to work when fills out 3971. COP.



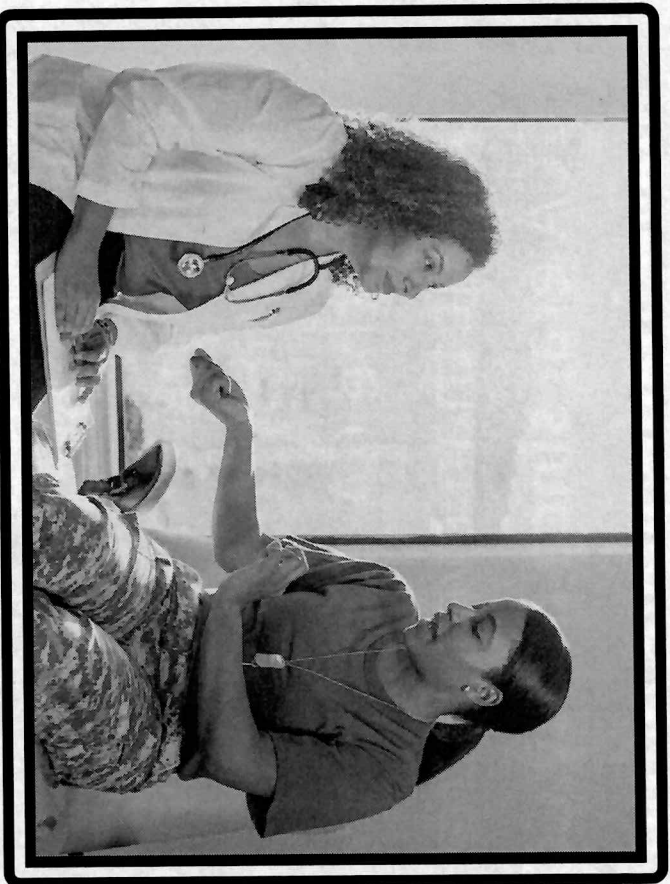
The employer is not required to issue a Form CA-16 more than one week after the occurrence of the claimed injury.
(20 CFR §10.300 (b))

CA-16 TIMELINE
After Injury
(20 CFR §10.300 (b))

Form – 4 Hours

Verbal – 48 Hours

FAILURE TO PROVIDE A CA-16



- The lack of a CA-16 helps generate a short-form closure.
- The DOL has no idea what's happening in a claim when a CA-16 has not been issued and automatically assume the injury was minor resulting in no lost time or expenses.

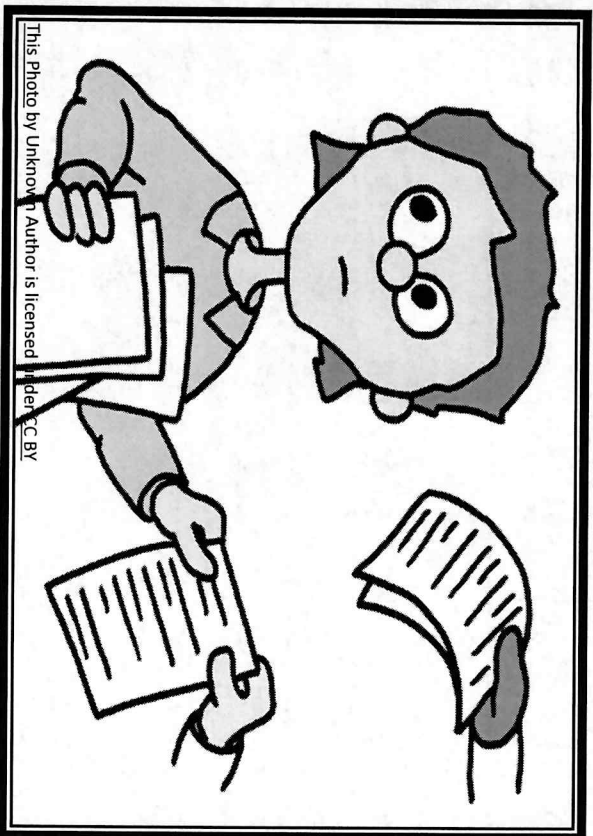
The importance of enforcing management's obligation to properly issue the CA-16 is more urgent than ever in the CCA era, since many CCA's have inadequate or no health insurance.





Because of the importance of the CA-16 and because the Postal Service's obligation to issue one evaporates after one week, shop stewards need to be vigilant and hold the Postal Service management accountable!

CA-16 – NO EXCUSES



It **MUST** be issued by management in most cases where a CA-1 is submitted, and the employee seeks medical attention.

Nothing in 20 CFR §10 or relevant Postal manuals requires an employee to request a CA-16 from the supervisor. The language requiring issuance of a CA-16 is couched in mandatory terms.

ECOMP Supervisor Dashboard - CA-16

CA-1 Traumatic Injury Claim

ECN 119488 | Pending Final Review by FECA Agency Reviewer

After the supervisor sends the form to the "Agency Reviewer."

Pending Final Review by FECA Agency Reviewer	
ECN 119488 CA-1	
Employee Initial Reviewer	
Transmitted to OFFICE OF ECOMP TESTING	
Date of Event	04/01/2019
Initiated	04/08/2019
View	Get PDF

• A digital copy of this form will be kept by ECOMP for 5 years. (Public Law 91-596 and 29 CFR 1904)

NO EXCUSES for failing to provide CA-16

*By clicking "ISSUE CA-16," a PDF of the form downloads or prints

ISSUE CA-16

DONE

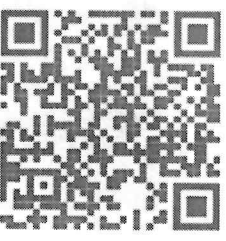
Failure to provide a CA-16 - CONTRACT

ELM 545.2 Authorizing Examination and/or Treatment With Form CA-16

545.21 Traumatic Injury

*When an employee sustains a work-related traumatic injury that requires medical examination, medical treatment, or both, the control office or control point **must authorize such examination and/or treatment by issuing a Form CA-16.** Form CA-16 is used for all traumatic injuries requiring medical attention... The control office or control point must promptly authorize medical treatment by issuing the employee a properly executed Form CA-16 within 4 hours of the claimed injury.*

(Control office is now the Occupational Health Claims (OHC) Office, emphasis added)



Failure to provide a CA-16 - LAW

The regulations governing the CA-16 are found at 20 CFR § 10.211(a) :

“Provide a Form CA-1 and Form CA-16 to authorize medical care in accordance with § 10.300”

20 CFR § 10.300 (a) states :



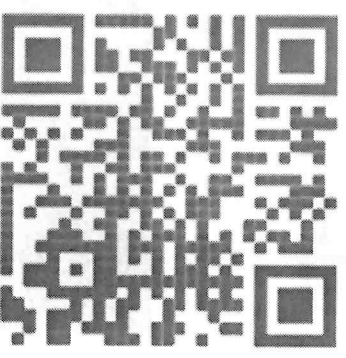
- (a) When an employee sustains a work-related traumatic injury that requires medical examination, medical treatment, or both, the employer shall authorize such examination and/or treatment by issuing a Form CA-16.*
- (c) The authorizing official must sign and date the form and must state his or her title. Form CA-16 authorizes treatment for 60 days from the date of injury, unless OWCP terminates the authorization sooner.*

Failure to provide a CA-16 - LAW

20 CFR § 10.7 What forms are needed to process claims under the FECA?

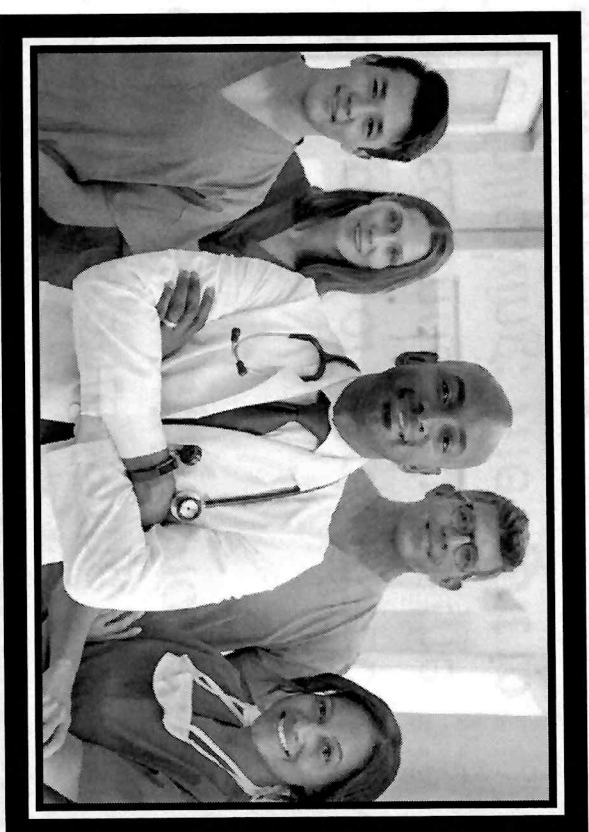
(a) Notice of injury, claims and certain specified reports shall be made on forms prescribed by OWCP.

Employers shall not modify these forms or use substitute forms. Employers are expected to maintain an adequate supply of the basic forms needed for the proper recording and reporting of injuries. (emphasis added)



THE RIGHT TO CHOOSE A PHYSICIAN

- Despite the very clear language of the law and contract, supervisors often fail to advise employees of their right to choose a physician. In some cases, supervisors actually coerce employees into treatment from Postal Service contract physicians.
- The CA-16 should not be issued to the contract physician.



10/21

OX

MUST ✗

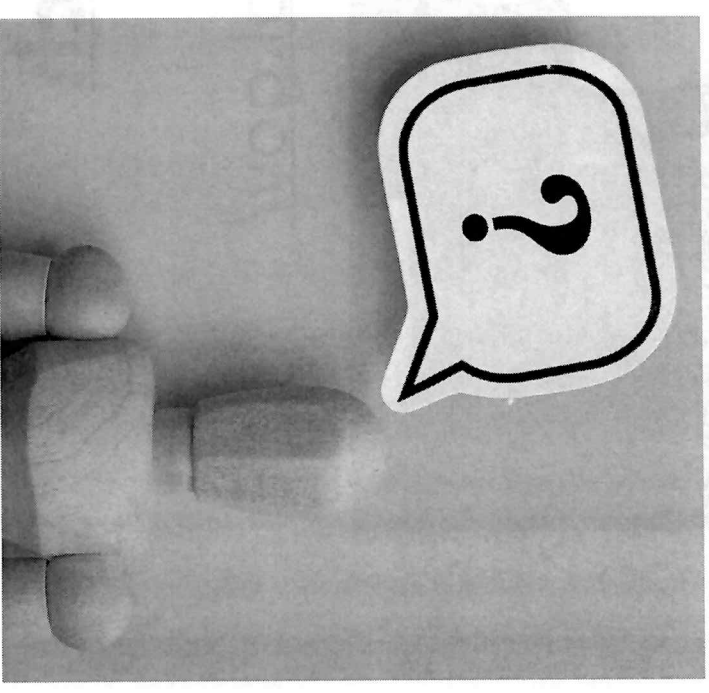
Physician choice - CONTRACT



- **ELM 543.3** : FECA guarantees the employee the **right to an initial choice of physician.**
- **ELM 544.112** : In case of a traumatic injury, the supervisor must advise the employee of the following: **The right to select a physician of choice.**
- **ELM 545.21** : The control office or control point must advise the employee of the **right to an initial choice of physician.**

Physician choice - CONTRACT

- **EL-505 Section 3.3 and 3.10 :**
FECA guarantees the employee the right to a free choice of physician.
- **EL-505 Section 3.9 : Obligation:**
Ensuring Right to a Free Choice of Physician
- **See also EL-505 Section 3.2**



Provider Search

<https://owcpmed.dol.gov/>

The screenshot shows the top navigation bar of the Office of Workers' Compensation Programs Medical Bill Processing Portal. The header includes the Department of Labor seal, the text "Office of Workers' Compensation Programs", and the main title "Medical Bill Processing Portal". A search bar is located in the top right corner. The navigation menu contains links for Home, Provider, Login, Resources, Pharmacy/LMN, News, and Contact Us. Below the navigation bar, there are three main content sections. The first section, titled "Providers", features the text "For fast, easy payment of workers' compensation bills" and buttons for "Get Started" and "Webinars and Tutorials". The second section, titled "Need medical treatment?", features the text "Find a provider near you" and buttons for "How to Search" and "Find a Provider". The background of the page features a grayscale image of a person's hands typing on a laptop keyboard.

Office of Workers' Compensation Programs
Medical Bill Processing Portal

Home Provider Login Resources Pharmacy/LMN News Contact Us

Search

Providers
For fast, easy payment of workers' compensation bills
Get Started
Webinars and Tutorials

Need medical treatment?
Find a provider near you
How to Search
Find a Provider

Provider Search

Provider Search

Program Name: NPI:

Provider Type: Provider Specialty:

City: Zip Code:

State/Territory: Radius Within:

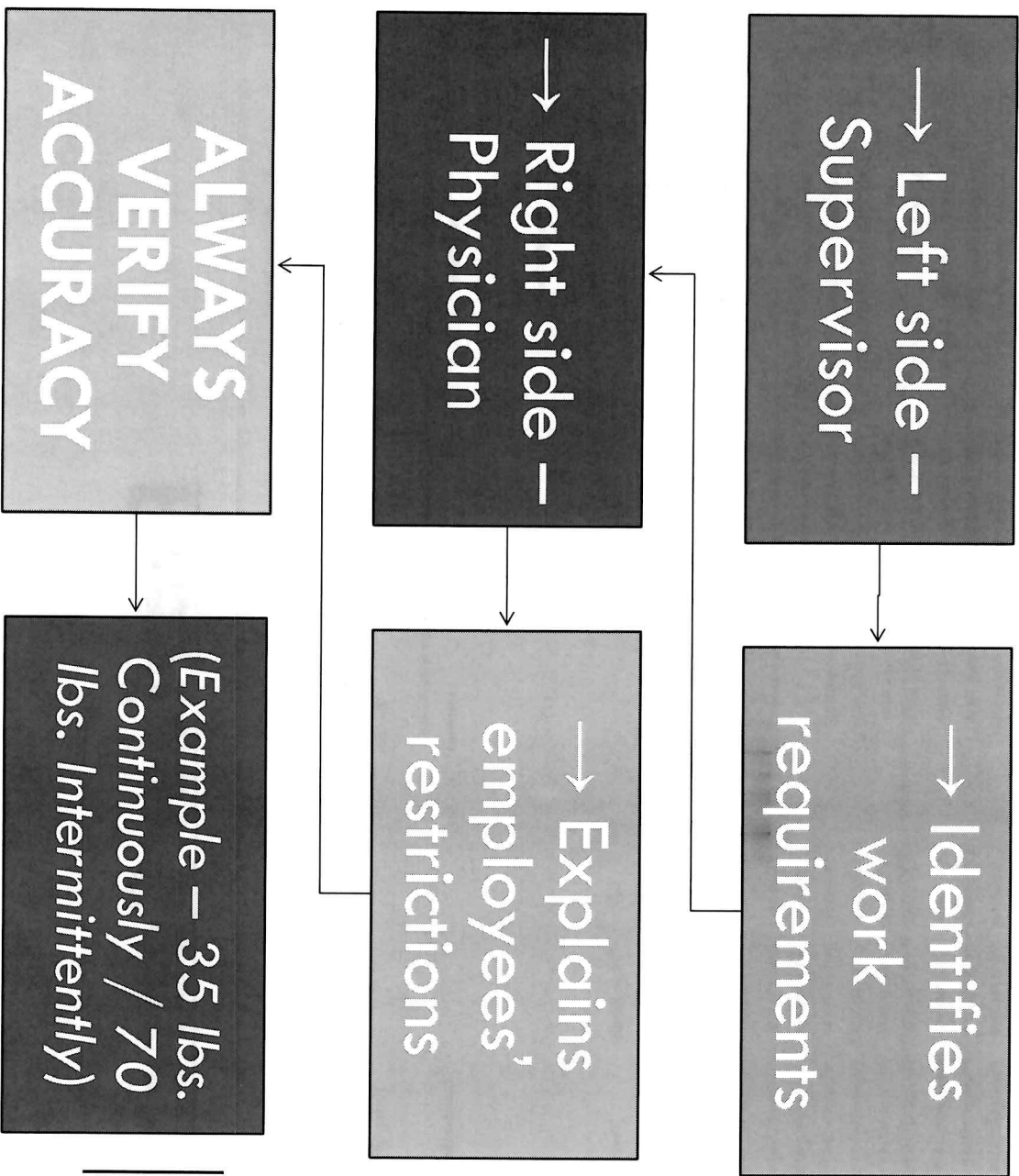
Please enter either 'First Name/Last Name' Or 'Business Name' for Provider Name match search.

First Name: Last Name:

Business Name:

Provider List

Provider Name	Address	NPI	Phone Number	Provider Type	Provider Specialty
Specialty Spine And Pain, Pc	1250 Jesse Jewell Pkwy, Ste 200, Gainesville, Georgia 30601	1447359112	(770) 534-7200	Physician (MD) & Physician (DO)	Pain Medicine
Specialty Spine And Pain, Pc	1250 Jesse Jewell Pkwy, Ste 200, Gainesville, Georgia 30601	1447359112	(770) 534-7200	Physician (MD) & Physician (DO)	Interventional Pain Medicine
Specialty Spine And Pain, Pc	1250 Jesse Jewell Pkwy, Ste 200, Gainesville, Georgia 30601	1447359112	(770) 534-7200	Physician (MD) & Physician (DO)	Pain Management
Center Neurology	6295 Garden Walk Blvd Ste C, Riverdale, Georgia 30274	1154509941	(770) 996-1382	Physician (MD) & Physician (DO)	Neurology
Center Neurology	6295 Garden Walk Blvd Ste C, Riverdale, Georgia 30274	1154509941	(770) 996-1382	Physician (MD) & Physician (DO)	Psychiatry & Neurology
Blue Lake Health Llc	1200 Memorial Dr, Dalton, Georgia 30720	1265021384	(205) 848-2925	Physician (MD) & Physician (DO)	Multi-Specialty
Elite Radiology Of Georgia, Llc Marietta	790 Church St Ne Ste 105, Marietta, Georgia 30060	1346608239	(470) 462-3134	Physician (MD) & Physician (DO)	Radiology
Elite Radiology Of Georgia, Llc Marietta	790 Church St Ne Ste 105, Marietta, Georgia 30060	1346608239	(470) 462-3134	Physician (MD) & Physician (DO)	Diagnostic Radiology
Accidentinjuryand Llc	1115 Mount Zion Rd Ste J, Morrow, Georgia 30260	1699394182	(770) 366-9814	Physician (MD) & Physician (DO)	Multi-Specialty
Angelish Emergency Physicians Llc	5126 Hospital Drive Ne, Covington, Georgia 30014	1407295900	(770) 786-7053	Physician (MD) & Physician (DO)	Multi-Specialty
Angelish Emergency Physicians Llc	5126 Hospital Drive Ne, Covington, Georgia 30014	1407295900	(770) 786-7053	Physician (MD) & Physician (DO)	Emergency Medicine
Physicians Express Care	11758 Jones Bridge Rd Alpharetta, Georgia 30005	1529336674	(470) 695-7399	Physician (MD) & Physician (DO)	Emergency Medicine
Hughston Clinic Southeast, Pc	1200 Northside Forsyth Dr, Cumming, Georgia 30041	1225401946	(770) 844-3200	Physician (MD) & Physician (DO)	Orthopaedic Surgery



**FORMS -
CA-17 -
DUTY
STATUS
REPORT**

Management
Fills out

Duty Status Report

U.S. Department of Labor
Office of Workers Compensation Programs

CA-17 (Rev. 05-11)

This form is provided for the purpose of obtaining a duty status report for the employee named below. The request does not constitute authorization for payment of medical expenses by the Department of Labor. It is the responsibility of the employee to obtain or retain a benefit. Information enclosed will be handled and stored in compliance with the Freedom of Information Act, the Privacy Act of 1974 and the OWB Ch. A-108. Persons are not required to respond to this collector of information unless it displays a currently valid OWB control number.

SIDE A - Supervisor: Complete this side and refer to physician

1. Employee's Name (Last, first, middle) William
 2. Address (Mailing, day, yr) 01022003
 3. Social Security No.

4. Occupation City Miller carrier

5. Describe How the Injury Occurred and State Part of the Body Affected
 Rear ended by POV

6. The Employee Works _____ Hours Per Day _____ Days Per Week _____
 7. Specify the Usual Work Requirements of the Employee. Check Whether Employee Performs these tasks or is Exposed Continuously or Intermittently, and Give Number of Hours.

Activity	Continuous	Intermittent	hrs	Per Day	Per Week
a. Lifting/Carrying (Specify Max Wt.)	<input type="checkbox"/>	<input type="checkbox"/>	30	03	70
b. Strung	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6:00	hrs	Per Day
c. Standing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8:00	hrs	Per Day
d. Walking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8:00	hrs	Per Day
e. Climbing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2:00	hrs	Per Day
f. Kneeling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1:00	hrs	Per Day
g. Bending/Bowling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2:00	hrs	Per Day
h. Twisting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6:00	hrs	Per Day
i. Pulling/Pushing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4:00	hrs	Per Day
j. Single Grasping	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8:00	hrs	Per Day
k. Fine Manipulation (includes keyboarding)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8:00	hrs	Per Day
l. Reaching above Shoulder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2:00	hrs	Per Day
m. Driving a Vehicle (Specify)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6:00	hrs	Per Day
n. Operating Machinery (Specify)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8:00	hrs	Per Day
o. Temp. Extremes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	range in degrees F	100
p. High Humidity	<input type="checkbox"/>	<input type="checkbox"/>	hrs	Per Day	
q. Chemicals/Solvents (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	hrs	Per Day	
r. Fumes/Gas (Specify)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8:00	hrs	Per Day
s. Noise (Give dBA)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8:00	hrs	Per Day

1. Other (Describe) _____
 Can accommodate all restrictions outside of bedrest

SIDE B - Physician: Complete this side

8. Does the History of Injury Given to You by the Employee Correspond to that Shown in Item 7? Yes No (first describe)

9. Description of Critical Findings _____

10. Diagnosis Due to Injury _____

11. Other Damaging Conditions _____

12. Employee Allowed to Resume Work? No

13. Employee Able to Perform Regular Work Described on Side A? Yes, Full Time Part Time _____ hrs Per Day

14. Are Interpersonal Relations Affected Because of a Neurophysiologic Condition? (e.g. Ability to Give or Take Supervision, Meet Deadlines, etc.) Yes No (Describe) _____

15. Date of Examination _____

16. Date of Next Appointment _____

17. Specialty _____

18. Tax Identification Number _____

19. Physician's Signature _____

20. Date _____

Doctor fills
out
This is your
time for a
discussion

#10 Or 05 nas's. not pain-

OWCP Form – CA-17

10
Diagnosis
NOT Pain!

ONLY YOU CAN
VIOLATE YOUR
RESTRICTIONS

- Original to USPS
- Upload to ECOMP
- Copy for you

Medical Documentation

**Valid
Diagnosis**

- Pain is NOT a diagnosis
- Strain/Sprain
- Tear/Rupture
- Herniation

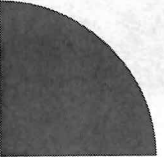
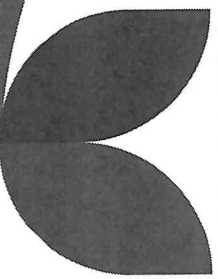
**Qualified
Physician**

- MD or DO MUST sign or countersign
- Nurse Practitioners (NP) and Physician Assistants (PA, PA-C) are not considered qualified

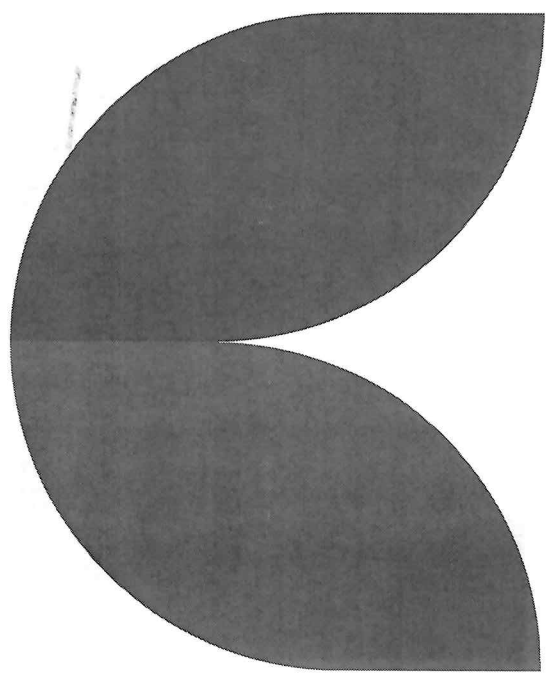
**What about
Chiropractors**

• A chiropractor's opinion constitutes medical evidence only if a diagnosis of subluxation of the spine is made and supported by x-rays

- Most urgent care facilities staff NP/PA



CONTINUATION OF PAY (COP)





Entitlement

Calculations

Grievances

TRAUMATIC INJURY — CONTINUATION OF PAY

 “For most employees who sustain a traumatic injury, FECA provides that the employer must **continue the employee’s regular pay during any periods of resulting disability up to a maximum of 45 calendar days** (see 545.72 for explanation of eligibility for COP)...If an employee elects COP and the claim is subsequently denied, any COP granted to the employee must be charged to sick or annual leave or considered an overpayment of pay at the employee’s option (see 437).” (ELM 543.41) (emphasis added)

 “FECA provides that the employer must continue regular pay during periods of disability up to a maximum of 45 calendar days for eligible employees who sustain traumatic injuries. Employees are not required to use their own sick or annual leave, unless the provisions of 545.73 or 545.74 apply.” (ELM 545.71)

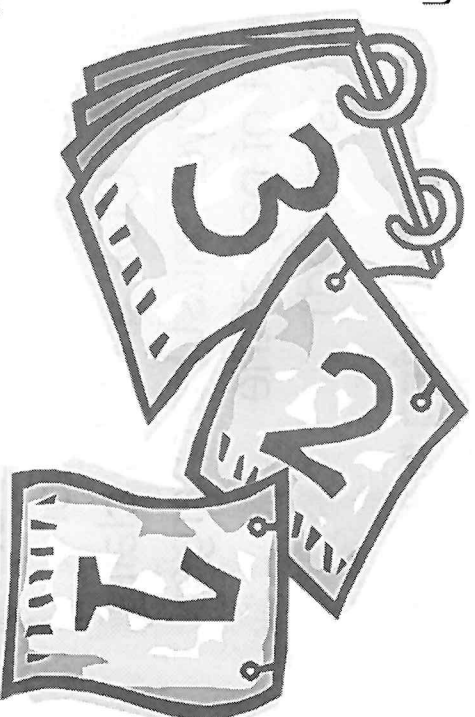
TRAUMATIC INJURY — CONTINUATION OF PAY

👉 “The employee is advised that there is a waiting period of **3 calendar days** before OWCP compensation begins, unless the disability extends beyond 14 calendar days.” (ELM 545.83, emphasis added)

✦ 3 days regardless of days off

👉 Waiting Period – FECA PM, Chapter 2-0807.12.g.:

“Postal Service employees have a three-day waiting period before COP will be granted. They may use annual leave, sick leave, or leave without pay during that period, except that if the disability exceeds 14 days or is followed by permanent disability, the Postal Service employee may have that leave restored. See 20. C.F.R. §10.200(c). The three waiting days count toward the 45 calendar-day COP entitlement period.”



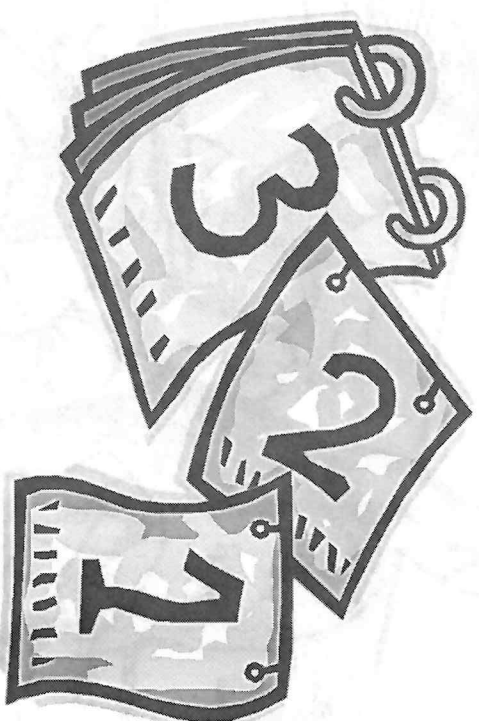
TRAUMATIC INJURY — CONTINUATION OF PAY

THREE DAY WAIT

* Non-scheduled days and holidays count toward 3-day waiting period.

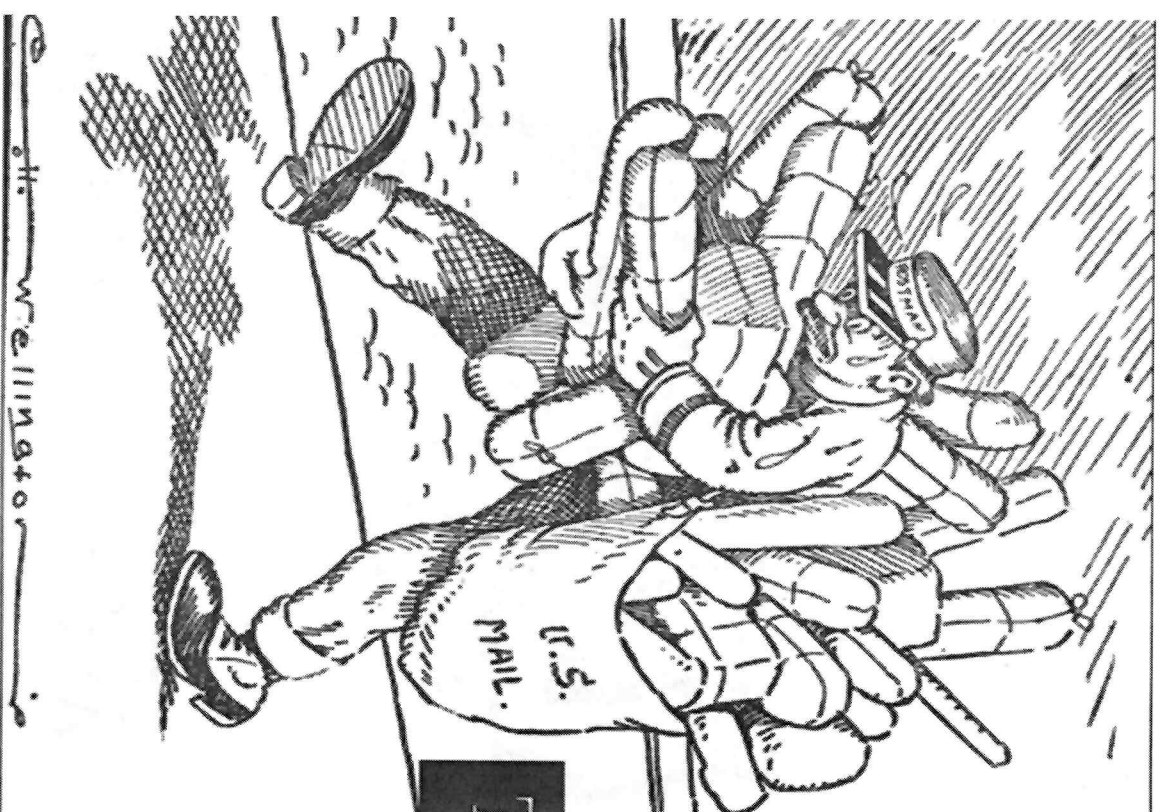
Leave should be restored if disability exceeds 14 consecutive days. This is not leave buy back.

File a grievance if management does not convert it to COP.



FECA 5 USC 8118

- The FECA was amended in 1974 to include COP provisions to prevent employees income loss while the claim was being adjudicated



POSTAL ACCOUNTABILITY | ENHANCEMENT ACT

- Implemented Pre-Funding for the Postal Service
- Created the 3 – Day waiting period for Postal Employees

TRAUMATIC INJURY -- COP -- EMPLOYEE TERMINATED




 A termination of employment does not stop COP

 EL-505, section 13-3 *Providing COP for Employees Being Terminated.*

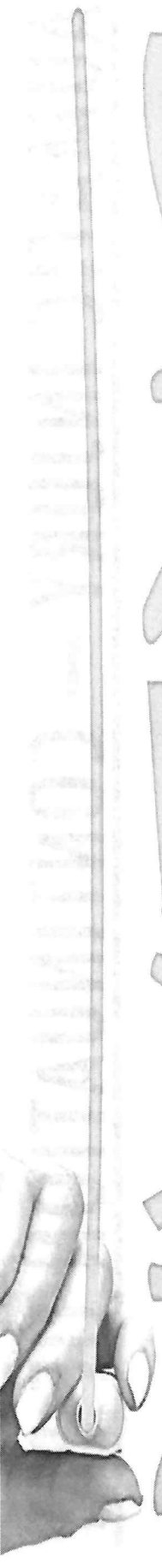
- *Ensure that COP is not interrupted as part of a disciplinary action nor terminated as a result of a disciplinary action that terminates employment unless final written notice of termination for cause was issued to the employee before the date of injury.*
 - *If an employee has received notice of a disciplinary action or termination prior to injury, provide COP only through the end of his or her appointment.*
 - *If an employee receives notice of a disciplinary action or termination after the DOI, provide COP beyond the date of separation. The employee is identified by special coding on Form 50, Notification of Personnel Action.*

TRAUMATIC INJURY – COP – CCA BREAK IN SERVICE

 A CCA 5-day break in service stops COP

 **Termination of COP** – FECA PM, Chapter 2-0807.10.b. : “Temporary workers are often provided with a notice of appointment which indicates the date on which the appointment is scheduled to expire. The employee is not entitled to COP after the date of expiration. If a temporary worker’s term of employment is changed, written notice of the change is necessary to support termination of COP at an earlier date than the original expiration of appointment date.”

**B
R
E
A
K**



TRAUMATIC INJURY – CONTINUATION OF PAY

Employee Responsibilities – FECA PM, Chapter 2-0807.5.d. : “The employee must present the employing agency with medical evidence supporting disability resulting from the claimed traumatic injury within 10 calendar days after filing a claim for COP. See 20 C.F.R. §10.210(b). The employing agency may continue the employee’s pay absent such evidence if the nature and severity of the injury warrant the continuation. COP may be reinstated retroactively if payment was not initially authorized but supporting medical evidence is received later, as noted in 20 C.F.R. §10.222(a)(1).”

RESPONSIBILITY

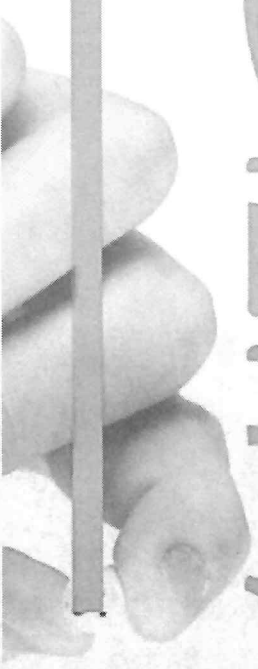


TRAUMATIC INJURY – CONTINUATION OF PAY

Employing Agency Responsibilities – FECA PM, Chapter 2-

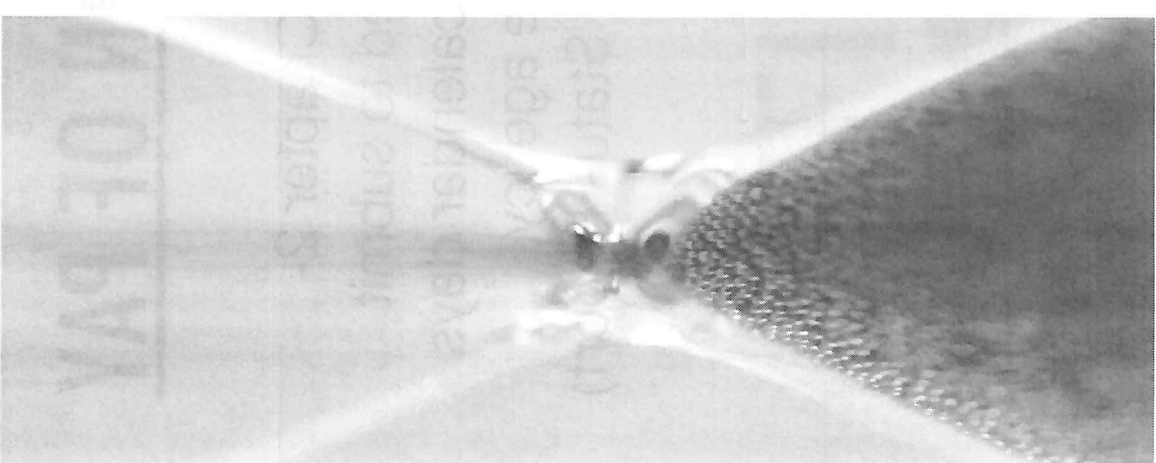
0807.6.d. : “The agency will notify the employee of the need to submit medical evidence of a disabling traumatic injury within 10 calendar days of the date disability begins, or pay may be terminated. The agency should also supply the employee with a Form CA-17 (Duty Status Report) for completion by the physician providing medical care.”

RESPONSIBILITY





ELIGIBILITY

- Disability must begin within 45 days of DOI or within 45 days of first return to work after initial disability



TRAUMATIC INJURY — COP

 **ELM 545.733:** In all situations, except as described in 545.732 above, **the employer may controvert entitlement to COP, but must continue the employees regular pay pending a final determination by OWCP.** OWCP has the exclusive authority to determine questions of entitlement and all other issues relating to COP. (emphasis added)

 USPS must advise the employee of controversy



LETTER OF DEMAND FOR COP



- Grieve under Article 28
- Request to stay the repayment of COP until all appeals are exhausted with OWCP.
 - Can request a waiver of debt on PS FORM 3074 if conditions of ELM 437.6 are met.

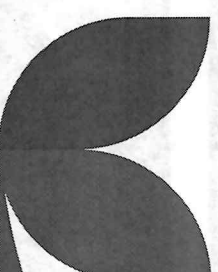
Correct Pay Rate/Hours

Pay Rate

- Pay rate at date of injury (DOI)
- Pay rate at date disability began (DDB)
- Pay rates must be provided within 5 working days unless notified differently by OWCP

Hours

- Regular carrier 40 hours
- CCA/PTF average straight time hours worked over the year prior to date of injury (or period from EOD date to DOI if less than a year)



IMPROPERLY CALCULATING CCA COP/WLC

CCA

≠

4 hours
COP/WLC

- Sometimes, the Postal Service simply pays CCAs COP hours equal to their minimum call-in guarantee. That is **inconsistent with OWCP regulations** and thus constitutes a contractual violation that **must** be grieved.
- Calculating COP and WLC is more complex for employees like CCAs who work variable hours with few or no guarantees.

Improperly calculating CCA COP/WLC

- It is important to understand that the Postal Service pays COP, but it is required to pay it in accordance with OWCP regulations.
- OWCP pays WLC based on certification by the Postal Service of employee pay rates and hours worked.
- OWCP requires the Postal Service to use one formula to calculate COP and a different formula to calculate WLC for employees with no set work hours such as CCAs.



Calculating CCA COP/WLC - LAW

OWCP addressed the issue of how to calculate COP and WLC for Postal Service CCAs, in **FECA Bulletin 13-03** (FB 13-03).

- Formula for determining WLC for CCAs who have worked for 11 months or more
- Formula for determining WLC for CCAs who have worked in the position for less than 11 months.

Let's take a look at these 3 formulas.

Calculating CCA COP - LAW

The method for calculating COP weekly pay for CCAs is found at 20 CFR **§10.216(b)(2)** : “Total pay earned during one-year period prior to injury (excluding overtime), divided by 52 weeks for the year prior to the injury (or prorated if employee worked less than a year). For purposes of this computation, a partial-work week is counted as an entire week. (FECA PM 2-0807.12 (d))



Calculating CCA WLC - LAW

Per FECA Bulletin 13-03, the method for calculating WLC weekly pay for CCAs depends on how long the CCA has been employed as a CCA. There are two possible methods:

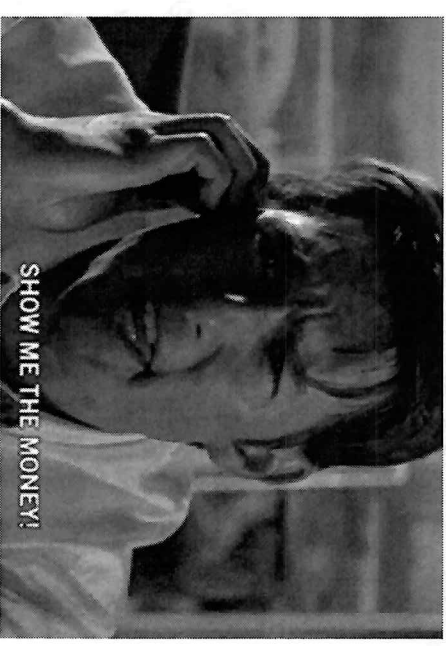
1. **If the employee has not worked 11 months or more in the CCA position:** WLC is calculated in accordance with 5 USC 8114(d)(2) as follows: Total pay (excluding overtime) for the year prior to date of injury for an employee in the same (or neighboring) facility who did work 11 months or more in either TE or CCA positions. If there is more than one such employee, the one who worked the most hours in the year must be used. Divide that total by 52 weeks to calculate weekly wage-loss compensation.



Calculating CCA WLC - LAW

Per FECA Bulletin 13-03 :

2. If the employee has worked 11 months or more in the CCA position: WLC is calculated in accordance with 5 USC 8114(d)(1) as follows: total pay earned by the employee during the one-year period prior to the date of injury (excluding overtime) divided by 52 weeks.



$$\begin{array}{ccccccc} \text{Total pay earned} & & & & & & \\ \text{1 year prior} & & & & & & \\ \text{(excluding OT)} & & & & & & \\ & \div & & 52 & = & & \text{WEEKLY} \\ & & & \text{weeks} & & & \text{WLC} \end{array}$$

EXAMPLE 1

- ❖ Jason suffers an injury at work at 10am on Dec 24th. He immediately begins losing time from the injury. Medical evidence is provided that establishes the disability
- ❖ How is Jason paid for the remainder of Dec 24?
- ❖ What is the last day of COP?

Counting COP

December

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

January

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

February

S	M	T	W	T	F	S
			1	2	3	4
						5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

EXAMPLE 2

- ❖ Monica is a CCA. She is injured at work on Dec 1. She was scheduled to deliver packages on multiple routes that day. She leaves work to see the doctor who writes her out with a return to work date of Dec 8th. On Dec 13 she goes back to the doctor who takes her out pending orthopedic evaluation.
- ❖ What is she paid for Dec 1? How many hours?
- ❖ When does her COP end? Explain.

Counting COP

December

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

January

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

February

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

Wage Loss Compensation CA-7

- **I Need My Money!**

- You can file a CA-7 for lost wages only after your claim is approved
- CA-7's are not automatically paid
- CA-7 & CA-7a must be filed for intermittent wage loss
- CA-7's have their own development stage


FILING CA-7'S

- Log into ECOMP
- Click on your claim number

ECM/Case Number	Draft Forms (0)	Action Required (0)
Case Number [REDACTED]	12/31/2001	[REDACTED]
Case Number [REDACTED]	03/03/2016	[REDACTED]
Case Number [REDACTED]	12/12/2016	[REDACTED]
Case Number [REDACTED]	02/07/2020	[REDACTED]

- Click on "NEW CLAIM"

NAV DASHBOARD NEW CLAIM DOCUMENTS HELP



Return to Dashboard

Pharmacy Benefits E
Bill Pay Inquiry E
Get My Prescription Card

Name: MISTY L WENGER
Master: [REDACTED]
SSN: [REDACTED]

Representation [REDACTED] Assign

NALC

FILING CA-7'S

- Verify "FEDERAL EMPLOYEE"

EMPLOYMENT STATUS [?]

Federal Employee Contractor

GOVERNMENT ORGANIZATION [?]

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

Select Department
UNITED STATES POSTAL SERVICE

- Filter by State

Filter by State (optional) ▼

- This will populate when you select the state

Agency Group
SOUTHERN AREA

Agency
GEORGIA

Select Day Station
OCCUPATIONAL HEALTH CLAIMS OFFICE, 1605 BUCKS RD, PO BOX 599335, Rm 139, DULUTH, GA 30026

FILING CA-7'S

Select FILE CA-7

To file a form for injury or illness:

- 1 Claim benefits using either form **CA 1 (for Traumatic Injury)** or form **CA 2 (for Occupational Illness)** (pending review of your claim, you may receive a FECA Case Number)
- 2 If you are filing a claim for COVID-19, choose file COVID-19 Claim. If you are filing a claim related to a COVID-19 vaccination, choose file CA-1 or CA-2.
FILE CA-1 OR CA-2 **FILE COVID-19 CLAIM**
- 3 If you wish to claim compensation and you've received an official FECA Case Number, you can file form **CA-7 (Claim for Compensation)**.
FILE CA-7 You must have a FECA Case number to file a CA-7

Enter case info

Locate Case Upon Which to Base Claim for Compensation

You will need the existing case to continue.

You may have received your existing case number as email in the event of filing an ECOMR claim for injury or illness. You may also reference a claim that was filed and resolved outside of ECOMR.

ACCESS CASE

Case Number

Last Name

Date of Birth

Month Day Year

Gender Male Female

Date of Injury

Month Day Year

EXIT

NEXT

FILING CA-7'S

- Verify the case is correct
Base Claim for Compensation upon Existing Case Number

YOUR CA-7 WILL BE BASED UPON THIS CASE

CASE 094013686	
Employee	WENGER
Organization	OCCUPATIONAL HEALTH CLAIMS OFFICE
Date of Birth	04/19/1970
Date of Injury	02/07/2020

Not the right case? Locate a different Case

EXIT

NEXT

- Verify personal info is correct
CA-7 Compensation Claim



CASE 094013686 ECR 10454713 DMF

Please fill out the below information before. Some of the fields have been filled in for you from the info in your OICP case file. If corrections are needed, please update the appropriate fields.

EMPLOYEE BASICS

Employee First Name: MASTY Middle Name (optional): Last Name: WENGER

Street Address: 1088 Saddle Creek Blvd NIV City: State: GA - Georgia Country: UNITED STATES OF AMERICA

ZIP code: 30101

3971 under remembers write sent home due to no work available, if refuse to sign write that,

FILING CA-7'S

- Enter SS#

① Social Security Number

Confirm SSN

Telephone Number International

- Enter Supervisor's email or name

WHO SHOULD REVIEW THIS FORM? ①

Immediate Supervisor's Email

Select Email Domain

- Click Blue Arrow to continue

FILING CA-7'S

- Check Leave Without Pay

CA-7 Compensation Claim

CASE 094013666 | ECRN 15454713 | Drain

COMPENSATION IS CLAIMED FOR

¹ Compensation claim is required, please choose an option

Leave without Pay

Leave Buy Back

Other Wage Loss

Schedule Award

- Click Blue Arrow to continue


- Enter Intermittent if partial days

COMPENSATION IS CLAIMED FOR

Leave without Pay

From 01 07 2023 To 01 20 2023

Intermittent

 After signing this claim, you will need to create and submit a CA-7a Time Analysis form.

- Click Blue Arrow to continue

FILING CA-7'S

- Outside work

NON-FEDERAL EMPLOYMENT

Have you worked outside your federal job for period(s) claimed in Step 2, Compensation?

3

Yes

No

- Click Blue Arrow to continue

- Is this your first CA-7 for THIS claim?

CA-7 Compensation Claim

CASE 08201395, EON 15164713, Dnt

FIRST CLAIM FOR INJURY

Is this the first CA-7 claim for compensation that you have filed for this injury?

4

Yes

No

Have there been any changes to your dependent, direct deposit information, or claim filed with the U.S. Civil Service Retirement, another Federal retirement or disability law, or with the Department of Veterans Affairs since your last CA-7 claim?

Yes

No

- If you answered "NO", click the blue arrow to continue

FILING CA-7'S

- If you marked "YES" it is the first CA-7 for this particular claim

FIRST CLAIM FOR INJURY

Is this the first CA-7 claim for compensation that you have filed for this injury?

Yes No

EXIT

- Click Blue Arrow to continue

- Enter any dependent info including SS#

CA-7 Compensation Claim

CASE: 08031988 ESN: 1546473 Date:

List all dependents including your spouse

DEPENDENT #1

First Name: Last Name:

Social Security Number: Condition ID#:

Date of Birth: Relationship:

Is dependent living with you?

FILING CA-7'S

- If you marked "YES" it is the first CA-7 for this particular claim

CA-7 compensation claim

CLAIM 08037688 EON 15454713 DATE

OTHER CLAIMS & BENEFITS

Have you ever been in a claim made against a third party?

No Yes

Have you ever applied for or received benefits from the Department of Veterans Affairs?

No Yes

Have you ever applied for or received payment under any Federal Government or Disability Law?

No Yes

- Click Blue Arrow to continue

- Upload any supporting docs

CA-7 compensation claim

CLAIM 08037688 EON 15454713 DATE

You can attach supporting documents here. This includes a Form 10-1198A, Claim Report Form, as noted in Step 4 or a cover letter for any dependent listed on Step 5. If you don't have the documents now, you can upload them later.

ATTACHMENTS (optional)

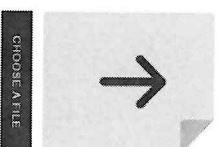
Scan the size to 5MB

Limit number of pages to 30 per document

Allow 4 hours for processing

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

Accepted file formats: pdf, jpg, gif, png, tiff, gif, eps, ppt, doc, docx



CHOOSE A FILE

- Click Blue Arrow to continue

FILING CA-7'S

- You will be taken to a review page. Verify all the information listed is correct.
- Click Blue Arrow to continue

Sign & File

CA-7 Compensation Claim

CASE 04013866 ECR 1564713 DPH

COMPENSATION IS CLAIMED FOR

1 I hereby make claim for compensation because of the injury sustained by me while in the performance of my duty for the United States. I certify that the information provided above is true and accurate to the best of my knowledge and belief.
Submitting this form is considered the same as signing it.



EXIT

SIGN AND FILE

CA-7A -- INTERMITTENT WAGE LOSS

- If you marked intermittent, the program will prompt you to file a CA-7a
- Make sure you have your clock rings from the TACS reports.
- CA-7a's must be completed using the exact increments of work hours and LWOP hours
- Should be filed by pay-period

DELAYING FORWARDING OF CA-7 TO OWCP

- Form CA-7, Claim for Compensation, is used for claiming compensation for wage loss due to an on-the-job injury.
- When OWCP does not timely receive CA-7s, employees suffer delayed payment of benefits.
- **Submit CA-7's online through ECOMP and receive an ECN to track the status of the form once submitted to the Postal Service.**
 - Employees complete the front side and submit it to the employer.
 - The employer completes the reverse and forwards it to OWCP.

DELAYING FORWARDING OF CA-7 TO OWCP

- Timely submission of Form CA-7 to OWCP is important to injured workers. The Postal Service only gets away with a 50% failure rate because stewards do not hold managers accountable for the failures.
- Shop stewards should enforce the applicable regulations.
- The injured employee can avoid delays if they file their CA-7s through the ECOMP Portal. **20 CFR 10.102 (a)(2)** : “*All such notices should be submitted electronically wherever feasible to facilitate processing of such claims.*”
- If the supervisor (or OHC) returns the form to the filer for resubmission, the steward should investigate and file a grievance.

Limited Duty

- **Failure to Provide**
 - Management must make every effort to provide work within restrictions
 - Work search is not “one and done”
 - Get it in writing if not provided
 - Contact the union and FILE
- **Withdrawal**
 - Keep your medical updated
 - Get it in writing
 - New work searches must be done
 - Immediately contact the union and FILE
 - Write a statement and upload to ECOMP along with written withdrawal

FAILING TO PROVIDE A JOB OFFER

OWCP regulations stipulate that if an employee cannot return to the job held at the time of injury due to partial disability from the effects of the work-related injury but has recovered enough to perform some type of work, they must seek work.

- Limited Duty Job Offer (LDJO)



LDJO Obligation – Documenting Facts

Employee
Everything Report

OWCP Acceptance
Letter

Copy of the CA-17
listing medical
restrictions

Copy of USPS
Priority for
Assignment
Worksheet

Copy of
correspondence
concerning LDJOs

LDJO Obligation - CONTRACT

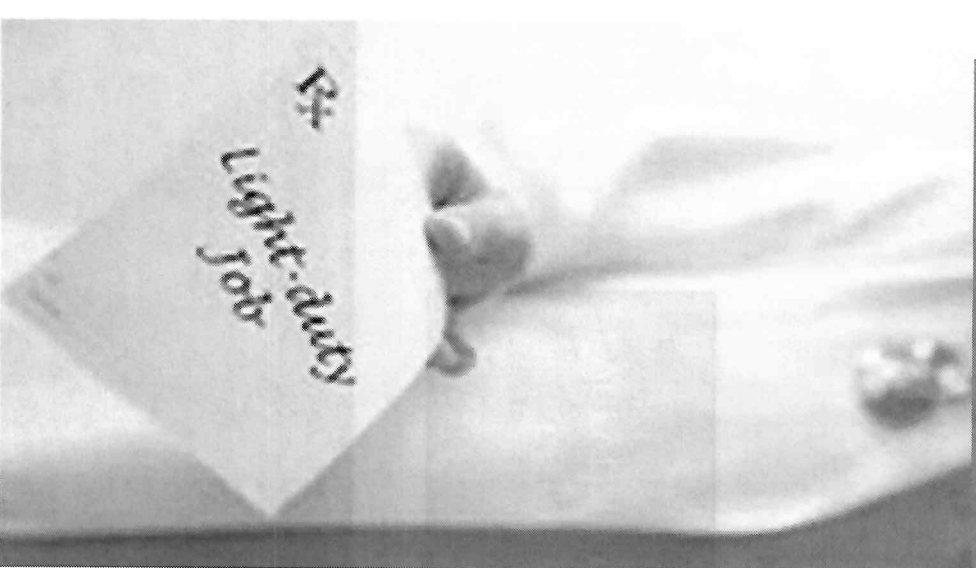
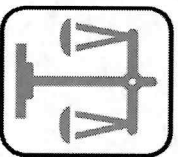
ELM 546.142 Obligation

When an employee has partially overcome a compensable disability, the Postal Service **must make every effort** toward assigning the employee to limited duty consistent with the employee's medically defined work limitation tolerance (see 546.611).



National level arbitration - Arbitrator
Bernstein ruled in case # H11N-1J-C 23247

“Section 546.14 must be read to impose a continuing duty on the service to always try and find limited duty work for injured employees in their respective crafts, facilities and working hours.”



LDJO Obligation - CONTRACT

EL-505 - Exhibit 7.1 Limited Duty Assignment Guidelines (page 145-148)

- *Limited duty does not have to be requested, rather it is made available and offered.*
- *Whenever possible, assign qualified employees to limited duty in their regular craft, during regular tour of duty, and in their regular work facility.*

ELM 546.142 - "PECKING ORDER" & EL-505 Priority for Assignment

Priority of Choice	Regular Craft	Regular Tour	Regular Facility
1st	Within	Within	Within
2nd	Outside	Within	Within
3rd	Within	Outside	Within
4th	Outside	Outside	Within
5th	Within	Within	Outside
6th	Outside	Within	Outside
7th	Within	Outside	Outside
8th	Outside	Outside	Outside

FORM - PS FORM 2499

Offer of Modified Assignment (Limited Duty) Identifies:

- Scheduled Hours
- Scheduled Days
- Salary
- Duties

52-20095 not positions limited duty



Offer of Modified Assignment (Limited Duty)

Section I - Employee Information

Employee Name (Last, First, MI)	EM	Date of Offer
Employee Position Title (Permanent)	OCC Code	Pay Location
Official Work Location (Primary)	OWC/Cr Claim #	Date of Injury

Section II - Modified Assignment Offer

This letter is written confirmation of a modified assignment offer related to the above referenced on-the-job injury.

Work Hours	Scheduled Days Off	Location	Effective/Variable Date
Assignment Title	Level/Step	Salary	

The duties of this modified assignment are: Avg. Time Spent
(It is not acceptable to write "as stated on assignment")

The physical requirements of this modified assignment are: Avg. Time Spent
(Provide attachment if additional space is necessary)

Section III - Agreement and Signatures

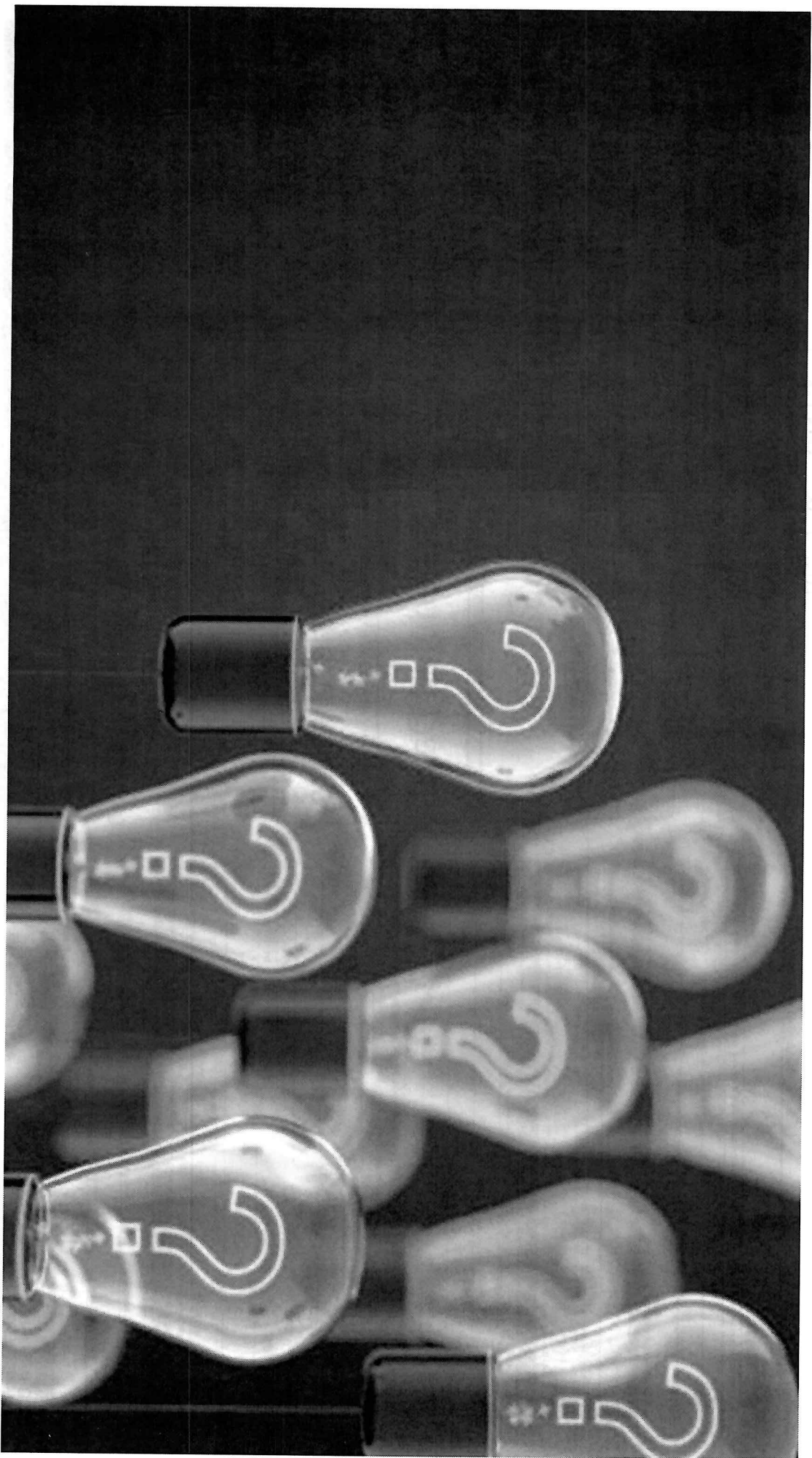
Supervisor/manager should discuss this Offer of Modified Assignment (Limited Duty) and the duties of the assignment with the employee. If the employee has concerns (e.g., task, work location, or medical limitations) not addressed with this Offer of Modified Assignment (Limited Duty), the supervisor/manager should discuss the concerns with the employee and, if possible, suggest alternatives. The employee's discussion with the supervisor should be documented in writing. A new "active" or "inactive" status should be determined. A new "active" or "inactive" status should be determined on page 2, Section IV of this form. These discussions must be documented on page 2, Section IV of this form.

Supervisor/Manager Signature	Date Signed	Supervisor Number (provide area code)
Employee Signature	Date Signed	

I accept _____ I refuse the modified assignment offer. (Employee)

Please read the reverse of this form to obtain additional information relating to this modified assignment and to review our privacy statement.

PS Form 2499, October 2007 (Page 1 of 2) PSN 7530-04-000-8884



Lightbulbs with question marks

Resources



ECOMP

[Ecomp.dol.gov](https://www.ecomp.dol.gov)



Injured Worker User Guide

<https://www.ecomp.dol.gov/help/userguide/claimant>



Find A Provider

[Owcpmed.dol.gov](https://www.owcpmed.dol.gov)



DOL - FAQ

[FECA Frequently Asked Questions](https://www.dol.gov/agency/feqa)



JCAM

<https://www.nalco.org/workplace-issues/body/2022-jcam.pdf>



ELM - 540

https://about.usps.com/manuals/elm/html/elmcs_029.htm



Supervisor Training

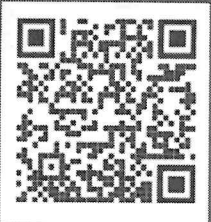
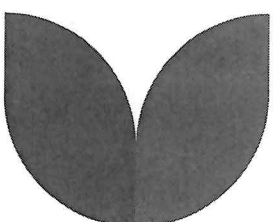
<https://www.ecomp.dol.gov/help/userguide/supervisor>



FECA Laws & Regulations

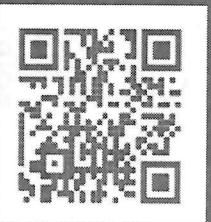
<https://www.dol.gov/agency/s/owcp/FECA/laws>

Resources



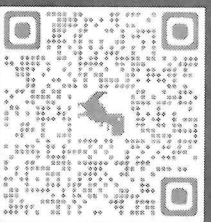
NALC

www.NALC.org/workplace-issues/injured-on-the-job



OWCP website

<https://www.dol.gov/agencies/owcp/FECA>



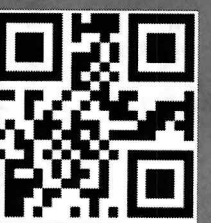
FECA Procedure Manual

<https://www.dol.gov/agencies/owcp/fece/recovery/FECA>
PT2/group2#20807



NBA Region 9

Region 9 RAA's can provide assistance with all contractual issues



Region 9 OWCP line

This line is strictly for OWCP related issues