U.S. Department of the Interior
OFFICE OF THE SECRETARY

Workers' Compensation Program

Return to Work (Limited/Light Duty, Alternative Work Assignments, and Modified Permanent Job Offers) Handbook

2022

This handbook is intended for informational purposes only. It is not intended to be comprehensive in scope or to supersede Department of the Interior policy or Federal Employees' Compensation Act as administered by Department of Labor/Office of Workers' Compensation Programs/Division of Federal Employees', Longshore and Harbor Workers' Compensation.

RETURN TO WORK HANDBOOK

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Return to Work Handbook

INTRODUCTION/PURPOSE

This handbook is a guide to assist Workers' Compensation Specialists (WCS), Injury Compensation Specialists (ICS), Workers' Compensation Coordinators (WCC), and supervisors with Return to Work (RTW) procedures on how to maneuver through the process.

The Workers' Compensation Program is not a retirement program. Studies have shown the longer an injured worker (IW) is off work due to a work-related injury, the less likely it becomes that the IW will ever return to work. Both the Department of the Interior (DOI) and the injured employees can benefit from a RTW program even if the injured employee cannot return to their regular job right away. Providing modified duties/tasks or reduced hours can foster:

- Faster recovery
- Continued connection to DOI and coworkers
- Contribution to productivity
- Retention of skillful and knowledgeable workers

This handbook will provide advice on three instances for returning an IW back to the workplace. The three instances are RTW during continuation of pay (COP), during short-term disability, and during long-term disability of a claim. The term 'return to work' is not limited to returning to work at the employee's normal worksite or usual position but may include returning to work at other locations and in other positions (20 CFR §10.210 and §10.505). This guidance is designed to facilitate the earliest possible RTW of an employee to perform productive work within their medical restrictions.

Note: All cases are unique because of the human factor, medical providers, types of employments and jobs, and differing needs of each Bureau/Office. However, this guide will help walk you through the RTW process in most cases.

MEDICAL DOCUMENTATION

Medical documentation is the key component for RTW during COP, the short-term disability of the claim, and long-term cases. The WCS should monitor the IW's medical progress and work status by obtaining periodic medical reports. The WCS may also contact the IW's physician in writing concerning the work restrictions imposed by the effects of the injury and possible work assignments. In addition, the WCS should contact the IW at reasonable intervals to request periodic updated medical documentation or duty status reports addressing the IW's ability to return to work. §10.506

- Medical documentation must be submitted by a qualified physician (Nurse Practitioners and Physician Assistants are not considered qualified physicians under FECA unless the medical report is countersigned by a physician).
- Medical documentation must contain a valid Office of Workers' Compensation Programs (OWCP) approved medical diagnosis (for example, pain is not a valid diagnosis under FECA).
- Medical documentation should address any work restrictions with the rationale for the restrictions.
- An IW is not totally disabled from all work (including light duty) unless medical documentation supports total disability.
- An Attending Physicians Report (CA-20) may be used for updated medical documentation and is typically a preferred source.
- A Duty Status Report (CA-17) may be used for work restrictions and is typically a preferred source.
- Medical documentation may be submitted in narrative form on the physician's letterhead stationery, or in the form of a hospital or health plan summary.
- Medical documentation is required to include the physician's signature and date.

LIMITED/LIGHT DUTY DURING COP OR SHORT-TERM DISABILITY

Limited/Light Duty: Temporary modified duties to accommodate an IW's medical restrictions because of a federal work-related injury accepted by OWCP.

- For minor/moderate injuries, recurrences and/or recovery after surgery
- Does not need to be a classified position, could be any duties or assignments within restrictions
- Should be in writing and a copy uploaded to the case file in ECOMP
- Should have a start and end date but may be extended if needed
- After 90 days of limited/light duty request a Second Opinion (SECOP) Medical Examination and/or Functional Capacity Evaluation (FCE)
- Depending on results of SECOP or Impartial Medical Examination (IME), may offer a permanent modified/alternative position
- Within the year you may want to explore other options for a more permanent type of position
- Limited/light duty assignments are meant to be temporary in nature and are not considered permanent positions during short-term disability

RETURN TO WORK DURING COP PERIOD

The employee should take the following actions (COP period) §10.210

- Provide medical documentation showing temporary disability to supervisor
- Communicate with supervisor/WCS on next appointment date

- Share case number with provider and pharmacy
- Discuss limited or light duty if unable to perform usual duties
- Return to work when the medical provider released you to do so
- Receive and acknowledge light duty request
- Accept light/limited or modified duty assignment when available, as you are obligated to do so

The supervisor should take the following actions (COP period)

- Monitor the medical documentation for initial period of disability
- Monitor the medical documentation for increasing work capabilities
- Assist/identify appropriate light/limited or modified duty assignment as needed
- Coordinate with Human Resources (HR)/WCS for light duty
- Notify WCS for any changes in duties or work status
- Make sure IW is working within work restrictions
- Accommodate medical appointments
- Receive and acknowledge light duty request
- Offer light/limited or modified duty assignment to IW in writing (the job offer is temporary in nature)
- Ensure the timesheet is coded correctly

The WCS should take the following actions (COP period)

- Monitor the medical documentation for all periods of disability
- Monitor the medical documentation for increasing work capabilities
- Remind the supervisor and monitor end of light/limited duty assignment date, have new written agreement ready before expiration
- Coordinate with supervisor for light/limited duty assignment
- Communicate with the supervisor regarding work status changes
- Share OWCP correspondence with the manager, supervisor, or their designee for RTW actions
- Complete a form CA-3 (Report of Work Status) in ECOMP regarding RTW actions or change in work status
- Monitor and complete ECOMP CE-LinQ for RTW actions

OWCP should take the following actions (COP period)

- Assign a case number
- Assign a COP nurse in some instances
- Issue a prescription card if the IW needs medication
- May adjudicate the case and send official correspondence regarding the decision on acceptance, denial, and/or COP entitlement

Nurse Intervention

OWCP will generally assign a triage/COP nurse during the COP period if the IW does not RTW within 7 days of the date of total disability. Their purpose is to identify early RTW potential as well as any obstacles with medical care.

- Contact by telephone to the IW, attending physician, and/or the Bureau/Office

RETURN TO WORK DURING SHORT-TERM DISABILITY OF CLAIM

Once a claim has been accepted by OWCP, it can go through various stages of disability and lost wages. During such stages, the IW may be disabled from work for surgical procedures, recovery and rest periods, consequential injuries, and expanded conditions.

The employee should take the following actions (Short-term Disability) §10.515

- Provide medical documentation showing temporary disability to supervisor
- Communicate with supervisor/WCS on next appointment date
- Share case number with medical and pharmacy providers
- Discuss limited/light duty if unable to perform usual duties
- Return to work when medical documentation indicates a work capacity
- Receive and acknowledge limited/light duty offers
- Accept limited/light duty when available, as obligated to do so under FECA
- May file a CA-7 in ECOMP every pay period during periods of disability if sick/annual leave is not taken (after the end of the pay period). Must be in FECA Leave without Pay (LWOP) status
- If sick/annual leave is taken, may request to buy back the leave on a CA-7 using Leave Buy Back process
- Contact HR Office for implications of LWOP if lost time exceeds 80 hours or 1 pay period

The supervisor should take the following actions (Short-term Disability)

- Monitor the medical documentation for all periods of disability
- Monitor the medical documentation for increasing work capabilities
- Assist/identify appropriate limited/light duty assignments as needed
- Coordinate with HR/WCS for limited/light duty
- Notify WCS for any changes in duties or work status
- Make sure IW is working within work restrictions
- Accommodate medical appointments
- Receive and acknowledge limited/light duty request
- Offer limited/light or alternative duty assignment to IW in writing
- Review/certify CA-7 in ECOMP (check with your WCS in accordance with Bureau/Office practice)

- Verify timesheet is coded correctly
- Notify HR Office for implications of LWOP if lost time exceeds 80 hours or 1 pay period

The WCS should take the following actions (Short-term Disability)

- Monitor the medical documentation for all periods of disability
- Monitor the medical documentation for increasing work capabilities
- Remind supervisor and monitor end of limited/light duty agreement date, have new agreement ready before expiration
- Coordinate with supervisor for limited/light duty and with HR for permanent job offers
- Communicate with the supervisor regarding work status changes
- Communicate with the physician in writing if clarification of restrictions is needed
- Complete final Agency Reviewer (AR) function for the CA-7 in ECOMP, during periods of disability
- Share OWCP correspondence with the supervisor, manager, or their designee for RTW actions
- Complete form CA-3 in ECOMP at the start of disability and then once the IW has RTW
- Monitor and complete ECOMP CE-LinQ for RTW actions

OWCP should take the following actions (Short-term Disability)

- Determine entitlement to benefits under FECA
- Review, develop and pay CA-7 for approved periods of lost wages due to disability
- Communicate with the agency in writing or electronically through ECOMP CE-LinQ as needed for any deficiencies

Nurse Intervention

OWCP will generally assign a Field Nurse (FN) when short-term disability has been identified. Their purpose is to identify early potential RTW as well as any obstacles with medical care.

- Contact by telephone or in person to the IW, attending physician, and/or the Bureau/Office
- The WCS can request nurse intervention when the IW is receiving compensation and it appears a RTW is expected

RETURN TO WORK FROM THE LONG-TERM ROLLS OR AFTER REMOVAL FROM EMPLOYMENT

When the IW has been unable to perform their usual duties for over a year, the OWCP Claims Examiner (CE) will place them in a temporary total disability status based on medical documentation and the Bureau's/Office's inability to accommodate medical restrictions. This is referred to as being placed on the long-term rolls. The IW will remain in this status until they

are returned to work in some capacity, placed in Vocational Rehabilitation (VR), or the injury subsides.

The employee should take the following actions §10.515

- Provide medical documentation showing disability to OWCP
- RTW when medical documentation indicates a work capacity
- Accept permanent position when offered, as obligated
- Fully cooperate in VR and with the FN as provided by OWCP
- Attend OWCP directed medical examinations

The supervisor should take the following actions

- Coordinate with HR/WCS for permanent position
- Offer alternative positions to IW in writing
- Monitor the medical documentation upon RTW

The WCS should take the following actions

- Review the chargeback report, focusing on RTW capacity
- Monitor the medical documentation
    - PR: Periodic Rolls – reemployment potential
        - updated medical documentation required annually
    - PW: Periodic Rolls – Wage Earning Capacity (WEC)
        - updated medical documentation required every two years
    - PN: Periodic Rolls – no reemployment potential
        - updated medical documentation required every three years
- Perform case reviews in ECOMP Case Management annually – looking for RTW opportunities through medical documentation
- Review EN-1032 annually in ECOMP
- Coordinate with supervisor/HR for alternative, permanent job offers
- Share OWCP correspondence with the supervisor, manager, or their designee for RTW actions
- Update OWCP regarding RTW actions in ECOMP
- Communicate with the physician in writing if clarification of restrictions is needed
- Request SECOP/IME if applicable
- Request VR if the Bureau/Office is unable to accommodate
- Monitor and complete ECOMP CE-LinQ for RTW actions

OWCP should take the following actions

- Determine entitlement to benefits under FECA
- Communicate with the agency in writing or electronically through ECOMP CE-LinQ as needed for RTW opportunities

- Refer for SECOPs if applicable
- Refer to VR if Bureau/Office is unable to RTW
- Send out request for annual completion of EN-1032 and updated medical as needed
- Make suitability determination on alternative job offers

Nurse Intervention

OWCP will generally assign a FN when long-term disability has been identified. Their purpose is to identify potential RTW as well as any obstacles with medical care.

- Contact by telephone or in person to the IW, attending physician, and/or the Bureau/Office
- The FN can request a SECOP

TIME AND ATTENDANCE CODES (IBC PAYROLL MANUALS)

- **060** Admin Leave: to be used for time off on date of injury only, not to extend past regularly scheduled work hours **(exception: If injury occurs prior to official working hours – then code time as 160 COP)**
- **160** FECA/COP Paid (1st Occurrence): employees who sustain a disabling, job-related, traumatic injury are entitled to COP for a period not to exceed 45 calendar days of disability. Employees need to submit a written report on a CA-1 form within 30 days from the date of injury, must begin losing time from work due to the traumatic injury within the first 45 days of date of injury, and must submit medical documentation showing disability within 10 days
- **161** FECA/COP Unpaid (1st Occurrence): periods of unpaid time (non-workdays) that fall within a period of paid FECA/COP leave
- **162** LWOP (FECA/OWCP): required pay code anytime a CA-7 is submitted for wage loss (Department of Labor is compensating employees' salary)
- **034** Sick Leave in lieu of FECA: after the 45-day COP period, if not submitting CA-7s
- **024** Annual in lieu of FECA: after the 45-day COP period, if not submitting CA-7s

PERSONNEL ACTIONS, NATURE OF ACTION CODES

LWOP 80 hours or more due to FECA: Personnel Office would follow Chapters 15 and 16 in the Guide to Processing Personnel Actions (GPPA) to put an IW in LWOP status and to Return to Duty (RTD):

NOA: 460 LWOP NTE (date) Rule 26, Chapter 15

- Auth Code: Q3K (5 CFR Part 353)
- Remark Code N10: To (or expected to) be paid under 5 U.S.C. chapter 81

NOA: 292 Return to Duty (RTD) Rule 9, Chapter 16

- Auth Code: Q3K (5 CFR Part 353)
- Remark Code: G11 (Rule 6 under Remarks): Employee paid under 5 U.S.C. chapter 81 from (date) through (date). The entire period shall be credited for all rights and benefits based on length of service

REQUESTING A SECOND OPINION EXAMINATION (SECOP)

A SECOP can be requested through OWCP if the RTW process has stalled, for example:

- Medical documentation from treating provider is vague
- IW is not providing medical documentation and there is no current RTW documentation
- Work restrictions are being accommodated but IW refuses to work
- Restricted duties over 6 months or excessive medical restrictions without a prognosis

FORMS

All completed forms should be returned to the WCS for submission to OWCP and inclusion in the case file. A copy of work restrictions should be provided to the supervisor (not all forms will be utilized in all instances). Detailed medical documentation from the physician could replace the medical forms below.

- CA-3 Report of Work Status: WCS completes electronically via ECOMP when an IW's work status changes
- CA-17 Duty Status Report: lists the specific work requirements for the IW's position (supervisor completes Side A, physician completes Side B with any restrictions to work requirements listed on Side A)
- CA-20 Attending Physician's Report: lists the initial findings, diagnosis, and initial restrictions of the work injury
- OWCP-5a Work Capacity Evaluation Psychiatric/Psychological Conditions
- OWCP-5b Work Capacity Evaluation Cardiovascular/Pulmonary Conditions
- OWCP-5c Work Capacity Evaluation Musculoskeletal Conditions: lists all the work activities the IW can physically complete

RETURN TO WORK OPTIONS

Bureaus/Offices should explore multiple return to work options. Such options include, but are not limited to the following:

- ***Modified or Light Duty Assignments***: Use this option while the IW is still recovering from the work injury. After the IW reaches maximum medical improvement (MMI), a permanent job will need to be identified.
- ***Reassignment***: Reassignment to a different position may be necessary when the Bureau/Office is unable to modify or assign light duty to the date of injury position.

- ***Reemployment Priority List (RPL)***: If the IW has been in a non-work status for more than one year, they are eligible to register for the RPL. Must apply within 30 days of the date the workers' compensation benefits ended. If the position is outside the local commuting area, the IW may be entitled to a broader search.
- ***Interagency Agreement (IAA)***: Coordinate with other bureaus or agencies to see if an IAA is possible or available. The original Bureau/Office may pay the IW's compensation while they work at another bureau or agency for a limited time. This could entice other bureaus or agencies to return an IW when funds do not currently exist to fill a position but may be available soon.
- ***Vocational Rehabilitation (VR)***: May be necessary to retrain or give the IW an opportunity to obtain new skills needed for re-employment.
- ***Assisted Reemployment***: Can be used for private sector jobs, where the original Bureau/Office pays a portion of the compensation for a specified period of time until the IW is sufficiently trained. May work with VR to set up.
- ***Telework/Remote Work***: This option can be explored if it fulfills the mission critical elements of the position and the medical restrictions.
- ***Job-Sharing***: Job Sharing may be used for two employees not capable of full-time work. The two combined positions may equate to one full time position. The Bureau/Office may explore this option when they are unable to accommodate the position on a part-time basis.
- ***Alternative Work Schedule***: Adjusting a work schedule may help an IW attend medical appointments, attend to medical needs, or ease possible difficulties with long commutes.

ALTERNATIVE WORK ASSIGNMENTS

When there is no expectation that the IW shall ever return to their pre-injury job, the WCS should work with the employee and supervisor to a find suitable job, whenever feasible. The alternative position must be:

- One for which the IW is minimally qualified
- Comply with permanent medical restrictions for the accepted work-related injury or disease
- A valid job
- Offered in writing

When medical evidence indicates that impairment is permanent, the supervisor, manager, or designee may make an alternative position into a permanent job offer. Under FECA, alternative positions are permanent in nature, they can be created or downgraded positions. (If a job offer is downgraded, or hours are reduced; OWCP will make up the difference based on the IW's payrate).

When medical documentation indicates that impairment is permanent, the WCS should request VR from OWCP if the Bureau/Office cannot accommodate restrictions with a permanent alternative position for which the IW is qualified.

JOB OFFERS

Fully recovered or partially disabled workers who have debilitating medical conditions because of the on-the-job injury are obligated to seek suitable employment. Any IW who fails or refuses to accept suitable work when offered or fails or refuses to seek suitable employment when no longer totally disabled, may not be entitled to continued compensation benefits.

- If the IW can perform restricted or limited duties, the Bureau/Office should determine whether such duties are available or whether an existing job can be modified. If so, the Bureau/Office must inform the IW in writing of the duties, the physical requirements and date of availability.
- Supervisors must make every effort to find appropriate duties or assignments that meets the IW's medical restrictions.
- For the best use of resources, every attempt should be made to offer the same rate of pay as the original position at the time of injury.
- Under FECA, jobs may be offered at a lower grade. The IW must submit a CA-7 to claim 'Other Wage Loss' for the difference in salary. The CA-7 can also be used to claim a loss in other elements of pay, such as Night Differential, etc.
- Under FECA, jobs may be offered with reduced hours. The IW must submit a CA-7 to claim 'Other Wage Loss' for the difference in salary and a CA-7A to claim reimbursement for a reduction in scheduled hours.
- When major job modifications are involved, supervisors should work cooperatively with other divisions or offices within the Bureau/Office to locate suitable work when necessary.
- Supervisors should coordinate with the WCS, the next level supervisor and HR in locating positions and accommodation devices for light duty jobs.
- After a position is located, the WCS will work with the HR Office to prepare a written job offer for the employee.
- For a short-term partial disability in which the employee can perform his or her present job of record with some restrictions, the Bureau/Office will provide a written light duty job offer.

Content of Job Offer

A complete copy of any job offers, including physical requirements, made to the IW must be sent to OWCP (does not need to be sent to OWCP prior to making job offer to IW). The OWCP CE will review employment offers to determine if they are suitable based on the IW's current restrictions (not necessarily prior to job offer). All job offer letters must include the following information:

- A description of the duties to be performed
- The specific physical requirements of the position and any special demands of the workload or unusual working conditions
- The organization and geographical location of the job
- The date on which the job will first be available
- The salary, grade level, and step of the position
- Date the IW must reply to job offer (suggest 7 calendar days to give the IW time to share job offer with treating physician if needed, discuss with their CE, and prepare for other RTW activities, etc.)
- If applicable, address relocation expenses
- Acceptance or Declination Statement for the IW to sign, comment, and return

Preliminary Assessment

The Bureau/Office will make a preliminary assessment regarding the appropriate hiring authority and other aspects of the job offer prior to being sent to OWCP for a formal suitability determination:

- Must involve two hours of work per day if the IW is capable of working two hours or more. (FECA Procedure Manual 2-0814.4(c) and 2-0814.4(a)(2)).
- Permanent seasonal employment is not suitable unless IW was a career seasonal or temporary employee when injured.
- Temporary job will be considered unsuitable unless IW was a temporary employee when injured.
- If a medical condition arose since compensable injury, and this condition precludes the IW from accepting the job offer, the offer may be considered unsuitable (even if the condition is not work related) by the CE.

Suitability of Job Offer

Generally, if the IW has performed a job for 60 days or more and is working the number of hours they are capable of working, this establishes the job fairly and reasonably represents their wage-earning capacity. It is not necessary for OWCP to make a determination concerning the validity or suitability of the offered job in this instance.

The CE most likely will not make a formal suitability determination on a job offer *unless* the IW rejects the job offer.

If the IW accepts the job offer and it is uploaded into the case file, the CE may review the offer but most likely will not make a formal determination.

If the IW rejects the offer, the rejected job offer must be uploaded in ECOMP Disability Management Interface (DMI) to notify the CE to formally adjudicate the job offer.

All job offers must be uploaded into the case file via ECOMP, regardless of the CE's actions.

Acceptance of Job Offer

If the job offer is accepted, the supervisor will immediately submit the IW's written acceptance and confirmation of RTW date to the WCS. The WCS will submit to OWCP and communicate with the CE the intent to return to work and the date scheduled to return. The WCS should complete the form CA-3 Report of Work Status.

IW should take the following actions:

- Sign job offer and notify EA of acceptance
- Contact EA for a start date and time; and
- Notify OWCP of RTW to avoid overpayment

Refusal of Job Offer

If the offer is declined by the IW, the supervisor or HR will submit the letter and the declination statement to the WCS. The WCS will work with the OWCP CE, who will render a decision as to the suitability of the job offered or provide reasonable cause for the declination.

If the IW refuses the job offer, the WCS should notify OWCP immediately in ECOMP DMI and upload a copy of the refusal.

OWCP will not accept the following reasons for refusing a job offer:

- Personal dislike of the position offered
- Dissatisfaction with the work hours scheduled
- Lack of potential for promotion and job security
- If the IW is still on the active rolls and moved from the area where the Bureau/Office is located, the IW cannot refuse to accept a suitable job offer because they do not want to move back
- IW is retired from the Bureau/Office

The OWCP CE should advise the IW in writing that:

- Job is considered suitable
- Job remains open for IW
- IW will be paid compensation for the difference (if any) between pay of offered job and pay of IW's date of injury job
- IW can still accept job with no penalty
- IW has 30 days from date of CE's letter to either accept job or provide a written explanation of reason(s) for refusing it

Potential valid reasons for not accepting a job offer:

- Offered position was withdrawn
- IW found other work which fairly and reasonably represents their earning capacity
- Medical evidence establishes that IW's condition has worsened since beginning of reemployment effort, and IW is now disabled for job in question

The WCS should communicate with the supervisor and HR to ensure the job remains open until OWCP renders an official decision.

REDUCTION OR TERMINATION OF BENEFITS

OWCP will reduce or terminate compensation benefits only in the following circumstances:

- Disability has ended
- Disabling condition is no longer causally related to employment
- IW is only partially disabled
- IW has RTW
- IW has refused a suitable position
- IW was convicted of fraud in connection with a FECA claim
- OWCP's initial decision was in error

NURSE INTERVENTION

Registered nurses under contract with OWCP meet with IWs, physicians, and representatives of the Bureau/Offices to ensure proper medical care and work accommodations are being provided, and to help IWs return to work. During intervention the nurse may:

- Contact the IW during the COP period
- Attend medical appointments with the IW
- Accompany the IW on a walk-through of the modified position to ensure the duties are within the IW's work limitations, and both the employee and supervisor understand the duties and limitations

VOCATIONAL REHABILITATION (VR)

The FECA provides VR services to assist disabled IW's in returning to gainful employment consistent with physical, emotional, and educational abilities. The primary goal of OWCP's VR is to assist partially disabled IW's return to work with the previous Bureau/Office, however there may be instances where private sector placement may occur. Services include:

- Counseling
- Vocational Assessment

- Training
- Placement Assistance
- May be requested by the attending physician, IW, or Bureau/Office

Note: Compensation can be reduced or terminated for the IW's failure to participate or make a good effort to obtain employment.

LOSS OF WAGE-EARNING CAPACITY (LWEC)

Applies when the IW is partially disabled and returns to a lower paying position under the Federal Employee Compensation Act. The wage loss is calculated as the difference between the IW's pay rate for compensation purposes and their wage-earning capacity (WEC). 20 CFR §10.520.

- Advise the IW of specific alternative positions available in writing (must include specific duties and physical requirements of the positions).
    - The position does not need to be available to the IW in their local commuting area.
- Once the IW has satisfactorily performed the position for a period of 60 days, the CE reviews the case and establishes whether the position fairly and reasonably represents the IW's WEC.
- The Employees' Compensation Appeals Board has consistently upheld decisions regarding LWECs.

RESTORATION RIGHTS

Employees who have fully or partially recovered from a work-related injury have certain job retention rights. 5 C.F.R. parts §302, §330, §353.301, and §353.302 (OPM administers job retention provisions).

What the Bureau/Office should do if recovery occurs within one year:

- Refer to your HR Department, Staffing/Classification Group, regarding the requirements under OPM's Restoration Rights.

REEMPLOYMENT PRIORITY LIST (RPL)

The mechanism agencies use to give reemployment consideration to their former competitive service employees separated by reduction in force (RIF) or fully recovered from a compensable injury after more than 1 year. 5 C.F.R. part §330.201.

What the Bureau/Office should do if recovery occurs greater than one year:

- Refer to your HR Department, Staffing/Classification Group, regarding the requirements under the RPL.

SAMPLE FORMS

Duty Status Report CA-17
Attending Physician Report CA-20
Report of Work Status CA-3
Modified Assignment/Limited Duty (two different samples)
Return to Work Checklist (Long-term)
Return to Work Job Offer
CA-7 Checklist
Dual Benefits

CA-17 Fillable Form - https://www.dol.gov/agencies/owcp/FECA/regs/compliance/forms

Duty Status Report

Reset Print

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

This form is provided for the purpose of obtaining a duty status report for the employee named below. This request does not constitute authorization for payment of medical expense by the Department of Labor, nor does it invalidate any previous authorization issued in this case. This request for information is authorized by law (5 USC 8101 et seq.) and is required to obtain or retain a benefit. Information collected will be handled and stored in compliance with the Freedom of Information Act, the Privacy Act of 1974 and the OMB Cir. A-130. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

OMB No. 1240-0046
Expires: 05/31/2024

OWCP File Number (If known)

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

1. Employee's Name (Last, first, middle)
2. Date of Injury (Month, day, yr.)
3. Social Security Number
4. Occupation
5. Describe How the Injury Occurred and State Parts of the Body Affected
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		Continuous	Intermittent	
a. Lifting/Carrying: State Max Wt.	#lbs.	#lbs.	Hrs Per Day	#lbs.	#lbs.	Hrs Per Day
b. Sitting	☐	☐	Hrs Per Day	☐	☐	Hrs Per Day
c. Standing	☐	☐	Hrs Per Day	☐	☐	Hrs Per Day
d. Walking	☐	☐	Hrs Per Day	☐	☐	Hrs Per Day
e. Climbing	☐	☐	Hrs Per Day	☐	☐	Hrs Per Day
f. Kneeling	☐	☐	Hrs Per Day	☐	☐	Hrs Per Day
g. Bending/Stooping	☐	☐	Hrs Per Day	☐	☐	Hrs Per Day
h. Twisting	☐	☐	Hrs Per Day	☐	☐	Hrs Per Day
i. Pulling/Pushing	☐	☐	Hrs Per Day	☐	☐	Hrs Per Day
j. Simple Grasping	☐	☐	Hrs Per Day	☐	☐	Hrs Per Day
k. Fine Manipulation (includes keyboarding)	☐	☐	Hrs Per Day	☐	☐	Hrs Per Day
l. Reaching above Shoulder	☐	☐	Hrs Per Day	☐	☐	Hrs Per Day
m. Driving a Vehicle (Specify)	☐	☐	Hrs Per Day	☐	☐	Hrs Per Day
n. Operating Machinery (Specify)	☐	☐	Hrs Per Day	☐	☐	Hrs Per Day
o. Temp. Extremes	☐	☐	range in degrees F	☐	☐	range in degrees F
p. High Humidity	☐	☐	Hrs Per Day	☐	☐	Hrs Per Day
q. Chemicals, Solvents, etc. (Identify)	☐	☐	Hrs Per Day	☐	☐	Hrs Per Day
r. Fumes/Dust (identify)	☐	☐	Hrs Per Day	☐	☐	Hrs Per Day
s. Noise (Give dBA)	☐	☐	dBA Hrs Per Day	☐	☐	dBA Hrs Per Day

t. Other (Describe)

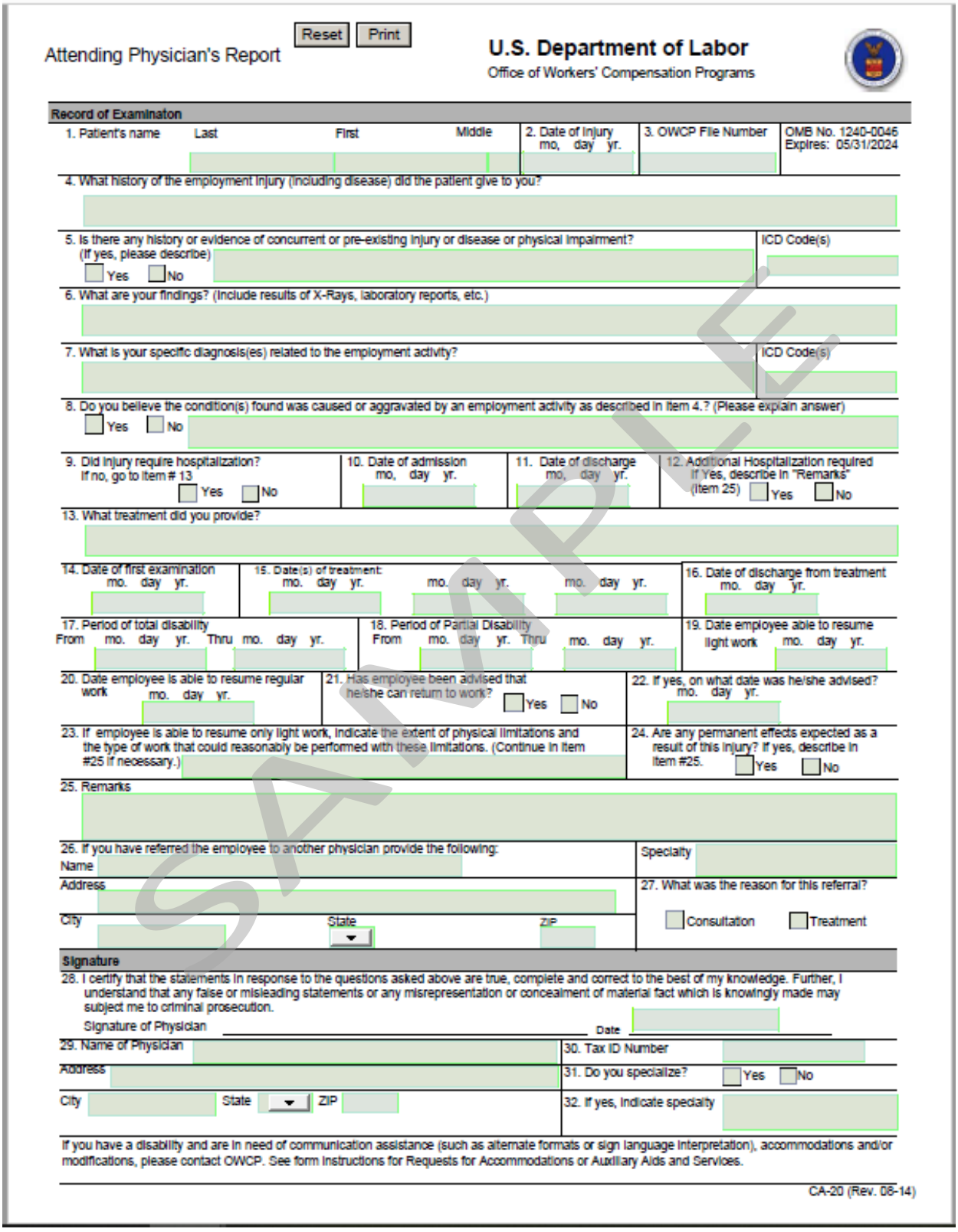
If you have a disability and are in need of communication assistance (such as alternate formats or sign language interpretation), accommodations and/or modifications, please contact OWCP. See form instructions for Requests for Accommodations or Auxiliary Aids and Services

SIDE B - Physician: Complete this side

8. Does the History of Injury Given to You by the Employee Correspond to that Shown in Item 5? Yes No (If not, describe)
9. Description of Clinical Findings
10. Diagnosis(es) Due to Injury
11. Other Disabling Conditions
12. Employee Advised to Resume Work?
    Yes, Date Advised No
13. Employee Able to Perform Regular Work Described on Side A?
    Yes, If so Full-Time or Part-Time Hrs Per Day
    No, If not, complete below:
14. Are Interpersonal Relations Affected Because of a Neuropsychiatric 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

CA-17 (Rev. 08-14)

CA-20 Fillable Form - https://www.dol.gov/agencies/owcp/FECA/regs/compliance/forms



Reset Print

Attending Physician's Report

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

Record of Examinaton

1. Patient's name Last First Middle
2. Date of injury mo, day yr.
3. OWCP File Number
OMB No. 1240-0046 Expires: 05/31/2024

4. What history of the employment injury (including disease) did the patient give to you?

5. Is there any history or evidence of concurrent or pre-existing injury or disease or physical impairment? (If yes, please describe) ☐ Yes ☐ No
ICD Code(s)

6. What are your findings? (Include results of X-Rays, laboratory reports, etc.)

7. What is your specific diagnosis(es) related to the employment activity?
ICD Code(s)

8. Do you believe the condition(s) found was caused or aggravated by an employment activity as described in item 4.? (Please explain answer) ☐ Yes ☐ No

9. Did injury require hospitalization? If no, go to Item # 13 ☐ Yes ☐ No
10. Date of admission mo, day yr.
11. Date of discharge mo, day yr.
12. Additional Hospitalization required If Yes, describe in "Remarks" (Item 25) ☐ Yes ☐ No

13. What treatment did you provide?

14. Date of first examination mo. day yr.
15. Date(s) of treatment: mo. day yr. mo. day yr. mo. day yr.
16. Date of discharge from treatment mo. day yr.

17. Period of total disability From mo. day yr. Thru mo. day yr.
18. Period of Partial Disability From mo. day yr. Thru mo. day yr.
19. Date employee able to resume light work mo. day yr.

20. Date employee is able to resume regular work mo. day yr.
21. Has employee been advised that he/she can return to work? ☐ Yes ☐ No
22. If yes, on what date was he/she advised? mo. day yr.

23. If employee is able to resume only light work, indicate the extent of physical limitations and the type of work that could reasonably be performed with these limitations. (Continue in Item #25 if necessary.)
24. Are any permanent effects expected as a result of this injury? If yes, describe in Item #25. ☐ Yes ☐ No

25. Remarks

26. If you have referred the employee to another physician provide the following:
Name
Specialty
Address
27. What was the reason for this referral? ☐ Consultation ☐ Treatment
City State ZIP

Signature

28. I certify that the statements in response to the questions asked above are true, complete and correct to the best of my knowledge. Further, I understand that any false or misleading statements or any misrepresentation or concealment of material fact which is knowingly made may subject me to criminal prosecution.
Signature of Physician Date

29. Name of Physician
30. Tax ID Number
Address
31. Do you specialize? ☐ Yes ☐ No
City State ZIP
32. If yes, indicate specialty

If you have a disability and are in need of communication assistance (such as alternate formats or sign language interpretation), accommodations and/or modifications, please contact OWCP. See form instructions for Requests for Accommodations or Auxiliary Aids and Services.

CA-20 (Rev. 08-14)

CA-3 Form (complete via ECOMP/Forms/File CA-3 Form):

REPORT OF WORK STATUS **U.S. Department of Labor**
Office of Workers' Compensation Programs
Division of Federal Employees' Compensation (DFEC)

ECN	(CA-3)	Trans Date
Submitted to DFEC		
Filer		

To the Employing Agency : This form should be completed and submitted to OWCP each time a claimant stops work, reduces their work hours or returns to work following a work-related injury. The form should be completed even if the claimant has not yet filed form CA-7 or CA-2a. This form does not replace form CA -7 or CA2a.

OWCP CASE#_____ **CLAIMANT'S NAME:** _____ **DOI** _____

COP WORK STATUS INFORMATION

1. DATE STOPPED WORK (during COP): _____ (Include reductions in work schedule)
   - ☐ Stopped Work After CA-1 FILED but During COP Eligibility Period
2. RETURN TO WORK DATE (during COP) : _____ (Must complete RTW Section below)

THE CLAIMANT RETURNED TO WORK WITH THE FOLLOWING STATUS:

- ☐ Full Time Regular Duty : No Restrictions
- ☐ Full Time Modified Duty: With Restrictions
- ☐ Part Time Regular Duty: No Restrictions for ____ Hours per Day
- ☐ Part Time Modified Duty: With Restrictions for ____Hours per Day

POST COP INFORMATION

1. DATE EMPLOYEE STOPPED WORK: _____ (Include reductions in work schedule)
2. REASON FOR WORK STOPPAGE:

- ☐ WITHDRAWAL OF LD
- ☐ RECURRENCE of Temporary Total Disability (TTD)
- ☐ ADMINISTRATIVE (explain) _____
- ☐ OTHER (explain) _____
- ☐ SURGERY SURGERY DATE _____

CA-7 FILED. __YES ___NO
CA-2a FILED __Yes ___NO

3. RETURN TO WORK DATE: _____ (Must complete RTW Section below)

THE CLAIMANT RETURNED TO WORK WITH THE FOLLOWING STATUS

- ☐ Full Time Regular Duty : No Restrictions
- ☐ Full Time Modified Duty: With Restrictions
- ☐ Part Time Regular Duty: No Restrictions for ____ Hours per Day
- ☐ Part Time Modified Duty: With Restrictions for ____Hours per Day

- JOB OFFER ACCEPTED ON: _____ (Please forward copy to OWCP)
-

Notes: _____

EMPLOYER INFORMATION

_____

AGENCY

_____ _____

INJURY COMPENSATION SPECIALIST/DATE PHONE

Sample 1 Modified Assignment/Limited Duty:

Insert Bureau Name

Offer of Modified Assignment (Limited Duty)

Date: _____

_____ _____
Employee Name Date of Injury

_____ _____
Office/Work Location (Name) Date of Injury Employee Position Title

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

Work Hours: _____ Days Off: _____

Location: _____ Level/Step: _____

Effective Date: _____ Expiration Date_____ Salary: _____

Position Title (Modified): _____ Occupation Code: _____

The duties of this modified assignment will consist of Average Time Spent

_____ _____

_____ _____
(Provide attachment if additional space is necessary)

The physical requirements of this modified assignment are: Average Time Spent

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____
(Provide attachment if additional space is necessary)

_____ _____ _____
Name of Supervisor/Manager Completing Worksheet (Print) Office

_____ _____ _____ _____
Supervisor/Manager Signature Phone Date

Employee Name _____ Date of Injury _____

Acceptance / Declination Statement

Please sign appropriately your acceptance or refusal of this offer of modified limited duty employment. If you decline this offer you are required to give a reason. However, your refusal may affect your compensation benefits as determined under the FECA.

☐ I accept the above assignment and will adhere to my restrictions and observe safe work practices.

☐ I reject the modified assignment because (specify reason): _____

_____

_____

_____

Employee Signature _____ Date _____

Sample 2 Modified Assignment/Limited Duty:

United States Department of the Interior

[Enter Bureau Name]
[Enter Office Name]
[Enter Address]
[Enter City], [Enter State] [Enter Zip]

[Date]

[Claimant Name]
[Address]
[City, State Zip Code]

Re: Limited Duty Job Offer – Case # [Enter Case #]

Dear [Claimant Name]:

We have received medical documentation dated [Enter Month Day, Year] from Dr. [Physician's Name], indicating that you are able to resume [Enter Full-Time or Part-Time] light duty work with limitations.

If you do not accept this limited duty job offer, it may affect your benefits with the Office of Workers' Compensation Programs. You are required to work within your medical restrictions and perform your duties in a safe manner at all times.

This limited duty assignment is available immediately.

The following is a description of duties offered to you to perform while you are assigned to light/limited duty.

Limited Duty Assignment Responsibilities

You will return to work in your position as a [Job Title from Position Description (PD)], [GS-xxxx-xx] in the [Agency Name and Office Location (e.g., Baltimore Area Office)]. A copy of your position description is attached. Your limited duty assignments will include:

- [Specific tasks and duties should be listed here. List primary tasks/responsibilities on this offer letter, but also include the full PD as an attachment]
- [Duties]
- [Duties]

Return to Work Start Date: Day of the week, Month Day, Year
Your Days/Hours of Work: Monday through Friday, 8:00 a.m. to 4:30 p.m.

Scheduled Days Off: Saturday and Sunday
Office Name: [Agency Name/Sub-agency Name]
Assigned Duty Location: [Full duty location address]
Report To: [Supervisor Name], [Title]
Grade/Step/Salary: [GS-xx][Step xx][$00,000.00/per xx]

The Department is willing and able to accommodate the physical limitations identified by Dr. [Physician's Name]. This limited duty assignment complies with all of your physical restrictions as identified by Dr. [Physician's Name], which include the following:

[List specific limitations here]

- Must match physician recommendations
- Make sure not to miss any limitations
- Missing limitations could lead to job being found unsuitable

Please note that this limited duty assignment is not meant to be a permanent position. It is being offered to assist in your recovery with the goal of a full return to duty. The limited duty assignment ends on the date you are medically cleared to resume your full duties as a [Job Title]. The Agency will revisit this limited duty assignment every 30 days or whenever medical evidence states that your restrictions have changed.

Please respond to this offer by indicating your decision on the attached form and return it to this office via the enclosed UPS envelope no later than Day of the week, Month, Day, Year. If you have any questions concerning this matter, please contact me at the information listed below.

Sincerely,

[YOUR SIGNATURE]
[Agency Rep Name], [Title]
U.S. Department of the Interior
[Bureau]
[Sub-Agency]
[Address]
[Email Address]
Office: [Phone Number]

Enclosure(s): Modified Assignment/Limited Duty Acceptance/Declination Statement
Position Description – [Position Name] - GS-xxxx-xx

cc: XXXXXXXX

MODIFIED ASSIGNMENT/LIMITED DUTY ACCEPTANCE/DECLINATION STATEMENT

[Date]

[Claimant Name]
[Address]
[City, State Zip Code]

Dear [Claimant Name],

This form is in reference to the limited duty assignment offer dated [Enter Month, Day, Year] that was made to you as a [Position Name]. Please indicate below your decision concerning this offer, then sign and date. Return your response in the enclosed pre-paid overnight envelope, provided for your convenience. Your response is required by [Enter Month, Day, Year]. No response is considered a declination.

Please select one of the following:

☐ I have read the limited duty assignment offer extended to me, and I accept the terms as indicated, and I will return to work on _____.
(Specify date of return)

☐ I have read the limited duty assignment offer extended to me, and I voluntarily decline the offer. I fully understand the consequences under 5 U.S.C Section 8106 that if I decline this job offer and OWCP determines that this position is suitable, my compensation benefits may be terminated (except for medical benefits).

Reason(s) for declining:

_____
_____
_____
_____
_____

_____ _____
(Signature of Employee) (Date of Signature)

RETURN TO WORK (RTW) CHECKLIST

Today's date:	Date of Injury Bureau: Current Bureau:
Case #:	Program Manager/Workers' Compensation Specialist:

CLAIMANT INFORMATION

Last name:	First:	Middle:
Gender: Male ☐ Female ☐ Other ☐	Home phone no.:	Cell phone no.:

STEP 1 - PRELIMINARY

Current Age:	Age at Date of Injury:	Date of Injury:	# of Years on OWCP Comp:

Medical Documentation

Date:	Is medical considered current: Yes ☐ No ☐	Is there more current medical (ECOMP)? Yes ☐ No ☐
Maximum Medical Improvement (MMI) Reached? Yes ☐ No ☐		Is the IW able to return to work? Yes ☐ No ☐

Is medical based on whole person: Yes ☐ No ☐	Call CE: Yes ☐ No ☐ CE Discussion Notes:
Monthly Comp: $	
Comp Rate:	

Work Restrictions:

Activity	Limitation Yes / No	# of Hours Able to Work	Activity	Limitation Yes / No	# of Hours Able to Work	Lbs
Sitting:			**Repetitive Movements**			
Walking:			**Wrists:**			
Standing:			**Elbow:**			
Reaching:			**Pushing:**			
Reaching above Shoulder:			**Pulling:**			
Twisting:			**Lifting:**			
Bending/Stooping:			**Squatting:**			
Operating Motor Vehicle at work:			**Kneeling:**			
Operating a Motor Vehicle to/from work:			**Climbing:**			
			Breaks			
			Duration:		**Frequency:**	
			Duration:		**Frequency:**	
Comments:						

Case Status (EN-1032):

Date Signed:	Is IW currently working: Yes ☐ No ☐	Occupation:	Current wage: $

Comments:

Volunteer: Yes ☐ No ☐

Dependent Status: Yes ☐ No ☐

Spouse: Yes ☐ No ☐ Under Age Children: Yes ☐ No ☐ College Age Children: Yes ☐ No ☐			
RTW Efforts based on medical and EN-1032 information: Yes ☐ No ☐ **(if yes, go to Step 2)**			
STEP 2 – INFORMATION GATHERING			
Is Claimant "On" or "Off" the Rolls? On Rolls ☐ Off Rolls ☐	Date Separated:	Retirement System: FICA ☐ FERS ☐ CSRS ☐	
Approved for OPM Disability Retirement: Yes ☐ No ☐ Date:			
Injury/Accepted Condition:			
Vocational Rehabilitation (VR): Yes ☐ No ☐ VR Notes:			
Requested Hard Copy of OPF:		OPF Received / eOPF Reviewed: Yes ☐ No ☐	
Date of Injury Position:	Original PD: Yes ☐ No ☐	Pay Scale: / Grade: / Step:	
Date of Injury Pay: $	Date of Injury Current Pay: $	Type Appointment:	CB Code:
Org Code:		Duty Station:	
Resume Received: Yes ☐ No ☐ Work History:			
Current Qualifications:			
Action Taken by Bureau to Return claimant to work: Date of Response: Comments:			
STEP 3 – OBTAIN PD FOR SUITABLE POSITION			
Date PD Received:	Is Relocation Applicable? Yes ☐ No ☐		
Comments:			
STEP 4 – CREATE JOB OFFER LETTER			
Date Sent to Bureau:	Date Signed by Bureau:	Date Mailed:	Date to Respond by:
Job Accepted? : Yes ☐ No ☐	Return to Work: Yes ☐ No ☐	Date Returned to Work:	
Comments:			

SAMPLE RETURN TO WORK JOB OFFER:

United States Department of the Interior

[BUREAU NAME]
[Bureau Addess]
[City, State Zip]

[Month] [Day], 2023

[Claimant Name]
[Mailing Address]
[City], [State] [Zip]

Dear [Claimant Name]:

The [Bureau Name], [Office], received current medical documentation dated [Month Day, 2023] in connection with your on-the-job injury ([Month Day, Year]), Claim Number [123456789]. Based on this medical documentation we are pleased to offer you the following position:

Title:	[Position Title]
Pay Plan/Series/Grade/Step:	[GS-xxxx-xx]
Salary:	[$00,000] per year
Appointment/Work Schedule:	[Permanent/Full-time] [Monday - Friday] [8:00] a.m. to [4:30] p.m.
Organization/Location:	[U.S. Department of the Interior] [Bureau Name] [Office] [Address] [City, State Zip]

[The Bureau Name searched your local commuting area for suitable agency job openings prior to offering a position in your original duty station. Regrettably, there were no available position.] This position is available immediately upon receipt of this correspondence. This position is within the limitations indicated by available medical documentation. A copy of the official position description is enclosed for your information.

The position is being offered in accordance with Office of Workers' Compensation Program (OWCP), U.S. Department of Labor, Employment Standards Administration. [Relocation expenses have been authorized and will be paid by the Bureau Name.]

At the time of your injury ([Month Day, Year]), you held the following position:

Job Title:	[Position Title]
Pay Plan/Series/Grade/Step:	[GS-xxxx-xx]
Salary:	[$00,000] per year
Appointment/Work Schedule:	[Permanent/Full-time]
Organization/Location:	U.S. Department of the Interior [Bureau Name] [Office]

Current work restrictions provided by Dr. [First Last], MD:

- [20 lb lifting restiction]
- [No reaching above shoulders]
- [No bending, twisting, climbing]
- [No prolonged standing]

It is your responsibility to work within the parameters of the offer as specified. In the event you are unable to perform any of the duties, or if you are asked to do something that you feel is beyond your medical ability, you need to stop immediately and notify your supervisor.

Physical Demands – The work is [sedentary] in nature. [There may be some walking, standing, bending, and carrying of light items such as paper and books].

Work Environment – [Work is performed primarily in an office setting including visits to mechanical and building support spaces and, at times, areas under construction].

Job Duties – .

The average daily physical requirements are:

Requirement	Hours	Requirement	Hours
Sitting:		Twisting/Bending/Stooping:	
Walking:		Pulling/Pushing/Lifting:	
Standing:		Squatting/Kneeling/Climbing:	
Reaching:			

If you decline this position and OWCP determines this is a suitable job offer, your benefits under the Federal Employees' Compensation Act may be terminated (except for medical benefits).

If you accept this position, we will provide the necessary information to the OWCP claims examiner.

Your decision to accept or decline this offer should be made in writing within [15] days but no later than [Month Day, 2023]. The enclosed Acceptance/Declination Statement is provided for this purpose. Failure to notify this office of your decision by [Month Day, 2023], may constitute a rejection of a valid re-employment offer and may serve as a legal basis for OWCP to terminate or suspend your compensation benefits.

You may contact [First Last], [Supervisor / Title], at [123-456-7890], or email [xxxxx_xxxxx@ios.doi.gov] if you have questions about the duties.

If you have any questions or concerns, please contact [First Last], Human Resources Specialist, at [123-456-7890] or email [xxxxx_xxxxx@ios.doi.gov].

Sincerely,

[First Last]
Human Resources Officer
[Bureau]
[Location]
Phone [123-456-7890]
Fax [123-456-7890]

Cc:

Enclosure(s): Position Description
Medical documentation

ACCEPTANCE/DECLINATION STATEMENT

Acceptance

I, [First Last] accept the position of [Position Title], [GS-xxxx-xx] at [Bureau Name], [Office] in [City, State] at $[00,00.00] annually, with a proposed effective date of [Month Day, 2023].

Signature_____ Date_____

- -

Declination

I, [First Last] decline the position of [Position Title], [GS-xxxx-xx] at [Bureau Name], [Office] in [City, State]. I fully understand the consequences of declining the job offer; If OWCP determines that this is a suitable job offer that I can perform, I may be terminated or denied compensation benefits (except for medical benefits) under the Federal Employee Compensation Act.

Signature_____ Date_____

Reason for declining:

Submit this statement to:

[First Last]
[Bureau Name]
[Office]
[Address]
[City, State Zip]
[123-456-7890]

Or you can email it to [xxxxx_xxxxx@ios.doi.gov] or fax it to [123-456-7890].

CA-7 CHECKLIST (Continuous LWOP)

WCS:

☐ Receive disability note from IW signed by physician (estimating days off work) to support CA-7 period – upload into ECOMP

☐ Advise IW regarding FECA LWOP

☐ Determine and advise IW of 1st eligible date to submit initial CA-7 ____

☐ Advise IW to complete Direct Deposit form and upload into ECOMP

☐ Look up Federal Employee Health Benefits (FEHB), Federal Group Life Insurance – Basic (FEGLI), Optional Life Insurance (OLI – additional FEGLI options), and pay rates for CA-7

☐ Remind IW to notify their timekeeper/supervisor of the LWOP/coding time (pay code 162)

☐ Notify HR Specialist/Assistant if 80 hours of continuous FECA LWOP will be used and receive SF-50 action – upload into ECOMP

☐ Complete CA-3 via ECOMP no sooner than the 1st date of LWOP (no later than end of pay period)

☐ If LWOP begins in the middle of a pay period and employee receives some regular pay, inform OWCP on 1st CA-7/7A that deductions were taken (add to Remarks on CA-7)

☐ Notify HR Specialist/Assistant when employee returns to work for RTD SF-50 – upload ECOMP

☐ Complete CA-3 via ECOMP when employee returns to work

HR:

☐ Advise IW dental/vision will not be deducted from Comp (IW should contact BeneFeds)

☐ If TSP loan is present, advise employee to contact TSP to discuss loan implications

☐ Complete TSP-41 no sooner than the 1st date of LWOP (no later than end of pay period)

☐ Complete TSP-41 when employee returns to work

DUAL BENEFITS

Workers' Compensation

	Compensation Temporary Total Disability (TTD)	Compensation Loss of Wage Earning Capacity (LWEC)	Compensation Schedule Award (SA)
OPM (CSRS – FERS)	Cannot receive both concurrently	Cannot receive both concurrently	May receive both concurrently
VA	Can receive both 1) if it is not for the same condition but 2) must "elect" full comp or the "increase" in the VA award if accepted for the same condition **	Same	Same
SSA 1) Disability 2) Retirement "NO" FERS 3) Retirement "with" FERS contributions	 SSA payments are offset according to SSA rules May receive both according to SSA rules OWCP benefits must be offset by calculation supplied by SSA	 Same Same Same	 Same Same May receive both according to SSA rules
FERS Automatic Death Benefit	Survivor may not receive spouse's comp concurrently	Same	May receive both
Severance Pay	Cannot receive both concurrently	May receive both concurrently	May receive both concurrently
Separation Bonus	Cannot receive both concurrently	May receive both concurrently	May receive both concurrently
Salary / Leave	Cannot receive both concurrently	May receive both concurrently, if LWEC is for less than 40 hours	May receive both concurrently
Lump Sum Annual Leave	May receive both concurrently	May receive both concurrently	May receive both concurrently
Third Party 1) Surplus exists 2) No Surplus	 May not receive medical or compensation pay May continue receiving compensation	 Same Same	 Same Same
TTD For a Different Claim	Not Applicable	May receive both up to a max. of 40 hours	May receive both
Schedule Award, Different Claim	May receive both concurrently	May receive both concurrently	May receive both concurrently
Fed. Unemployment	Varies by State	Varies by State	Not Applicable
Thrift Savings Plan	May receive both	May receive both	May receive both