# ECOMP For Supervisors

# ECOMP

This training will provide supervisors with the steps necessary to review OSHA-301 forms and CA-1/CA-2 forms using the Department of Labor application ECOMP.

# ECOMP

- ECOMP is a Department of Labor application that will allow DOD to file OSHA-301, CA-1, CA-2, and CA-7 forms electronically.
- ECOMP will be replacing the current EDI method DOD uses to file claims electronically.
- This switch will affect employees, supervisors, injury comp specialists, and safety personnel.

# ECOMP

- As a supervisor you will see two main changes.
  - The current EDI system requires the employee and supervisor to sit down and file the claim together. ECOMP will allow the employee to fill out their portion of the claim form from any computer with internet access and then send it to their supervisor for further processing. Employee and supervisor no longer have to fill out the claim form together.

# ECOMP

- As a supervisor you will see two main changes.
  - National Guard has elected ECOMP to enable the application for filing OSHA 301 forms. The employee is *required* to fill out the OSHA-301 form *first* and submitted it *before* they are permitted to file a CA-1 or CA-2 form. If an employee submits an OSHA-301 the supervisor will need to provide certain information and submit the form to the appropriate Safety personnel.

# ECOMP

- Processing of the OSHA-301 will not affect the processing of the CA-1 or CA-2 form. Once the employee submits the OSHA-301 form they can fill out the CA 1 or 2 form as necessary.
- The OSHA form has a separate routing process and will not delay or inhibit the processing or review of CA-1 or CA-2.

# ECOMP

- The routing for the OSHA-301 and CA-1/CA-2 forms has been set up by the DOD ECOMP administrator. As the supervisor this will be invisible to you and you do not have to determine where the claims should be sent. This will already be set up within the application for you.

# Employee Registration

UNITED STATES DEPARTMENT OF LABOR
ECOMP

ECOMP Home | File a Form | Upload Document | Register with ECOMP

ECOMP / Register

You are not currently signed in | Sign In | Register

**ECOMP Home**

**Employees & Claimants**
- File New Form
- Access Existing Form
- Claim Status (CQS)

**Track Status**

**Case Stakeholders**
- Upload Document to an Existing Case
- Agency Query System (AQS)

**Reviewers**
- Agency Reviewers
- OSHA Record Keepers

**Administration**
- Agency Maintenance
- ECOMP/DFEC Administrator

**Contact ECOMP**

**Help**
- About
- How to File a Form
- About Accessibility and 508 Compliance
- Filing Forms as an Injured

## Register for ECOMP

Your ECOMP account enables you to file and manage forms with the Department of La
Privacy Act. If you already have an account you can Sign In here.

**Account Basics**

Employee name (first, middle, last): Joe | Middle | Emplo

Home telephone: (123) 456-7890

Your email address: Joe.Employee@gmail.com

Social security number: **********

Confirm SSN: **********

I am not a US citi
*Note: This setting*
*changed after you*

**Government Organization**

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

Department: DEPARTMENT OF HOMELAND SECURITY

Agency-Group: Agency Group 1 - OSHA REQ/All forms

Agency: OFFICE OF DOMESTIC PREPAREDNESS, GRANTS &

Duty station: CHCO-HRMS-WORKERS' COMP COORDINATOR

CHCO-HRMS-WORKERS' COMP COOR..
245 MURRAY LANE, SW, STOP 0175
WASHINGTON, DC 20528

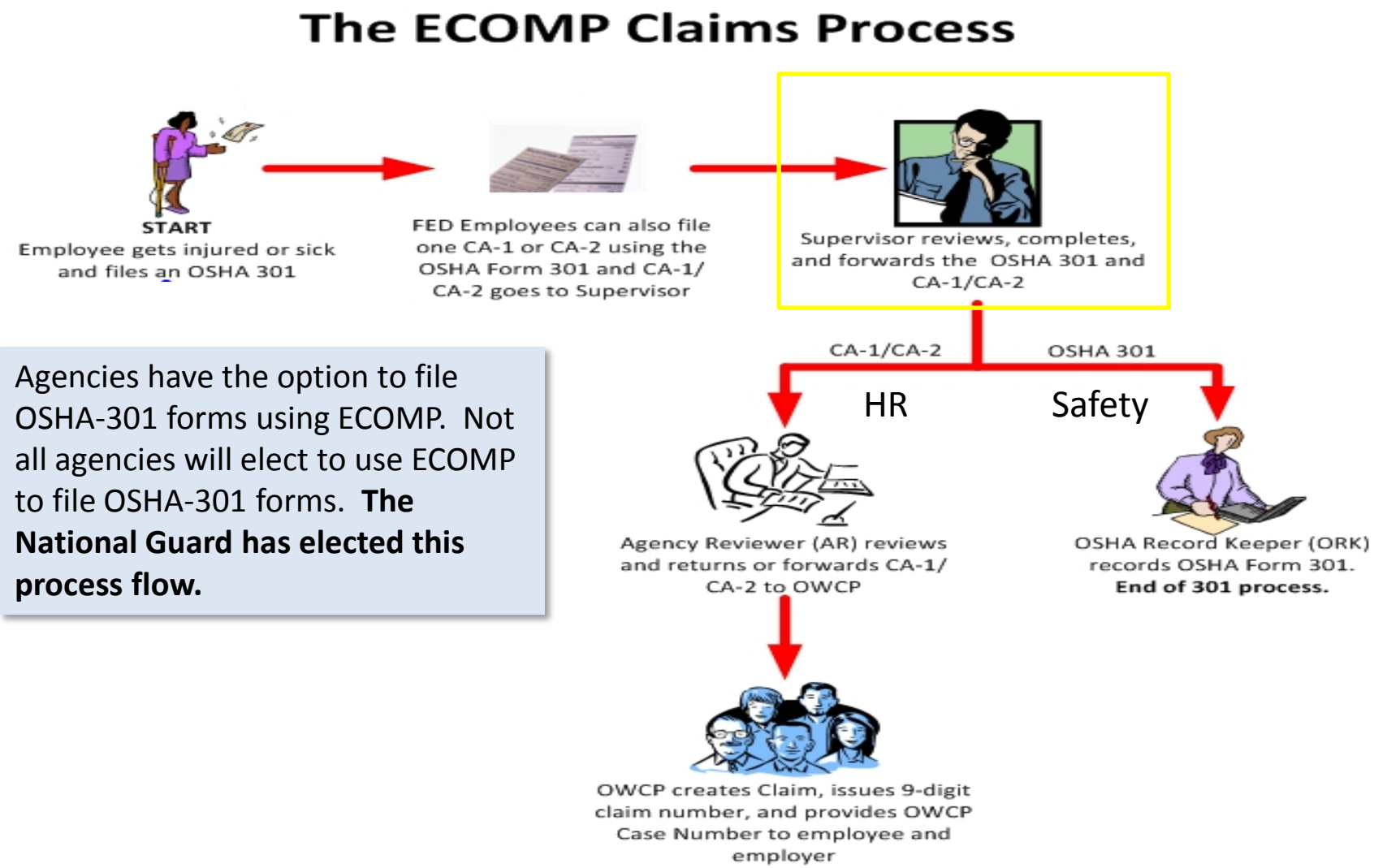
You **can** file forms **OSHA-301**, **CA-1**, **CA-2**, **CA-7** and **CA-7a** for this organization through ECOMP

What is this?

Immediate supervisor's email: Supervisor @ dol.gov

Employee will have to register with ECOMP in order to file a claim. The employee will designate their supervisor during the registration process. **As the supervisor you will not need an ECOMP account in order to review forms submitted to you.**

# ECOMP's Workflow




Agencies have the option to file OSHA-301 forms using ECOMP. Not all agencies will elect to use ECOMP to file OSHA-301 forms. **The National Guard has elected this process flow.**

# Filing an OSHA 301: Email to Supervisor

From: noreplyuat@ecomp.dol.gov
Sent: Tue 11/27/2012 1:41 PM
To: Revenaugh, Timothy G - OWCP
Cc:
Subject: ECOMP: ECN #104706 requires your review

An employee of the US government has identified you as his/her supervisor, and has requested that you review and complete an official government form. To access this form, click on this link:

https://www.training.ecomp.dol.gov/#lid=pktbzy0f4

---

ECN #:
- 104706

Form:
- OSHA301

Status:
- Pending review by Supervisor

Status Changed Date:
- 11/27/2012 01:40 PM

Responsible Organization:
- DEPARTMENT OF STATE
  - Other Agencies
    - BUREAU OF ADMINISTRATION
      - PER-ER-EP

Employee's Initials:
- G.R.

Date of Event:
- 11/27/2012

Date Filed:
- 11/27/2012 01:42 PM

---

If you believe you were sent this message in error, follow the above link and select "I cannot or should not review this claim."

---

Questions about this email, or ECOMP:
https://www.training.ecomp.dol.gov

Please direct problems or issues to:
uat@ecomp.dol.gov

[Message ID: D7466445-A60F-4296-ABF7-E5146D011D8F]

If an employee files an OSHA-301 form in ECOMP, the supervisor associated with the employee's account will be sent an email alerting that supervisor to the fact that a form needs their review.

Reminder email notifications will be automatically sent to National Guard supervisors every two days.

# Filing an OSHA 301: Email to Supervisor

From: noreplyuat@ecomp.dol.gov
To: Revenaugh, Timothy G - OWCP
Cc:
Subject: ECOMP: ECN #104706 requires your review
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https://www.training.ecomp.dol.gov/#lid=pktbzy0f4

---

ECN #:
- 104706

Form:
- OSHA301

Status:
- Pending review by Supervisor

Status Changed Date:
- 11/27/2012 01:40 PM

Responsible Organization:
- DEPARTMENT OF STATE
  - Other Agencies
    - BUREAU OF ADMINISTRATION
      - PER-ER-EP

Employee's Initials:
- G.R.

Date of Event:
- 11/27/2012

Date Filed:
- 11/27/2012 01:42 PM

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If you believe you were sent this message in error, follow the above link and select "I car

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Questions about this email, or ECOMP:
https://www.training.ecomp.dol.gov

Please direct problems or issues to:
uat@ecomp.dol.gov

[Message ID: D7466445-A60F-4296-ABF7-E5146D011D8F]

The email will contain a link to access the form for review

The type of form to be reviewed

The initials of the employee

Pertinent dates

# Filing an OSHA 301 : Supervisor Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

SUPERVISOR

Supervisor Review | Upload Document

**Supervisor Review**

**Help**

- About
- How to File a Form
- About Accessibility and 508 Compliance
- Filing Forms as an Injured Worker
- Reviewing Forms as a Supervisor
- Uploading Documents to FECA Case Files
- Electronic Document Submission Frequently Asked Questions
- OSHA Record Keeper User Guide
- Agency Reviewer User Guide
- Agency Maintenance Help
- Intro to the Compensation Process
- Which Form to Use?
- FAQ

## Supervisor Review

You have been named by an employee of the US government to review this form:

| ECN 104706 | OSHA-301 | |
|---|---|---|
| Employee | Joe Employee | Dat |
| Organization | BUREAU OF ADMINISTRATION | Initi |

**You should review this form if both of these are true:**

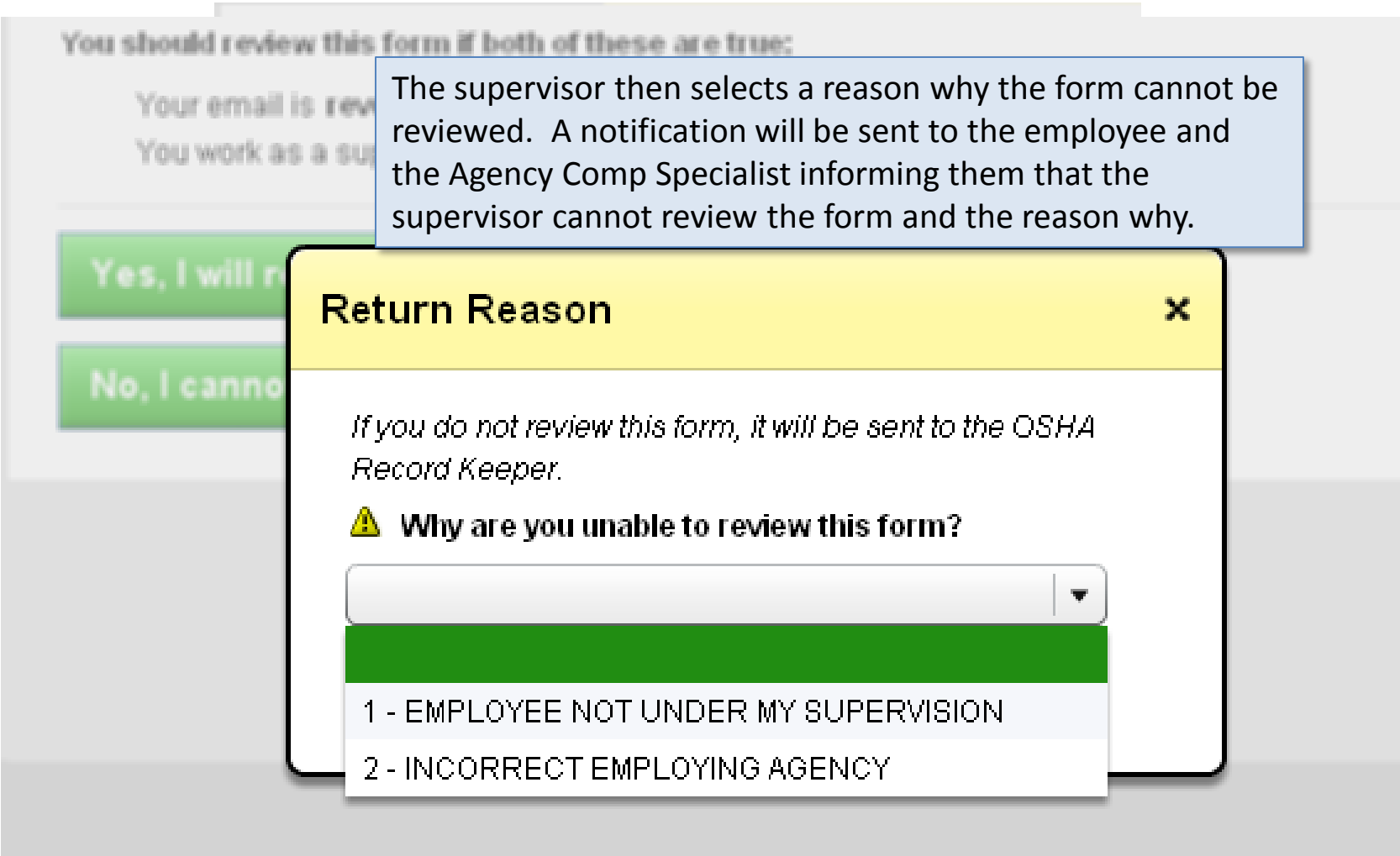
Your email is **Supervisor @dol.gov**
You work as a supervisor at the **DEPARTMENT OF STATE**

**Yes, I will review this form**

**No, I cannot review this form**

Clicking on the link in the email will take the supervisor to ECOMP. If the employee sends the form to the incorrect supervisor or selects an incorrect agency when filing the form, the supervisor can return the form to the employee by selecting the ***No, I cannot review this form*** button at the bottom of the screen.

# Filing an OSHA 301 : Supervisor Portion




The supervisor then selects a reason why the form cannot be reviewed. A notification will be sent to the employee and the Agency Comp Specialist informing them that the supervisor cannot review the form and the reason why.

# Filing an OSHA 301 : Supervisor Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

SUPERVISOR

Supervisor Review | Upload Document

Signed in as Supervisor @dol.gov | Sign Out

**Supervisor Review**

**Help**

- About
- How to File a Form
- About Accessibility and 508 Compliance
- Filing Forms as an Injured Worker
- Reviewing Forms as a Supervisor
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- Electronic Document Submission Frequently Asked Questions
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- Intro to the Compensation Process
- Which Form to Use?
- FAQ

## Supervisor Review

You have been named by an employee of the US government to review this form:

| ECN 104706 | OSHA-301 |
|---|---|
| Employee | Joe Employee |
| Organization | BUREAU OF ADMINISTRATION |

**You should review this form if both of these are true:**

Your email is Supervisor @dol.gov

You work as a supervisor at the **DEPARTMENT OF STATE**

**Yes, I will review this form**

**No, I cannot review this form**

If the supervisor elects to review the form because they do indeed supervise the employee that submitted the form then the supervisor would select the ***Yes, I will review this form*** button at the bottom of the screen.

# Filing an OSHA 301 : Supervisor Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

Supervisor Review | Upload Document | SUPERVISOR

Signed in as supervisor @doL.gov | Sign Out

Supervisor Review

Help
- About
- How to File a Form
- About Accessibility and 508 Compliance
- Filing Forms as an Injured Worker
- Reviewing Forms as a Supervisor
- Uploading Documents to FECA Case Files
- Electronic Document Submission Frequently Asked Questions
- OSHA Record Keeper User Guide
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- Agency Maintenance Help
- Intro to the Compensation Process
- Which Form to Use?
- FAQ

## Supervisor Review

You have been named by an employee of the US government to review this form:

ECN 104706 OSHA-301

Employee Joe Employee
Organization BUREAU OF ADMINISTRATION

**You should review this form if both of these are true:**

Your email is supervisor @doL.gov
You work as a supervisor at the **DEPARTMENT OF STATE**

Yes, I will review this form

No,

The system will capture the IP address of the computer used to review the claim as a security measure.

**Warning**

You have elected to proceed with form review. For security purposes your IP address will be recorded. If you are not authorized to view this form, click Cancel. Otherwise, click "I Agree" to proceed.

Cancel | I Agree

# Filing an OSHA 301 : Supervisor Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

SUPERVISOR

Supervisor Review | Upload Document

.gov | Sign Out

To start the review, the supervisor will click on the ***Continue*** button.

1) Form Summary
2) Review OSHA 301
3) Reviewer Info & File Form

Actions
- Save Progress for Later

Help
- DOL's Privacy Policy

OSHA Form 301

OSHA-301

Pending review by Supervisor

Step 1 Form Summary

Continue

| | |
|---|---|
| Claimant: | Joe Employee |
| Email: | Joe.employee@gmail.com |

| | |
|---|---|
| ECN | 104706 |
| Date of event | 11/27/2012 |
| Filed | 11/27/2012 |
| Supervisor | Supervisor @dol.gov |
| Agency | BUREAU OF ADMINISTRATION |

Continue

# Filing an OSHA 301 : Supervisor Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

Supervisor Review | Upload Document | SUPERVISOR

1) Form Summary
2) Review OSHA 301
3) Reviewer Info & File Form

Actions
- Save Progress for Later

Help
- DOL's Privacy Policy

OSHA Form 301

Step 2 Review OSHA 301

| | |
|---|---|
| Employee name | Joe Employee |
| Government organization | DEPARTMENT OF STATE<br>BUREAU OF ADMINISTRATION<br>PER-ER-EP<br>2401 E STREET, NW, ROOM H-236 SA-1<br>WASHINGTON, DC 20522 |
| Reviewer | supervisor @dol.gov |
| Date of birth | ********** |
| Date hired | 04/01/1998 |
| Sex | Male |
| Job title | Administrative Officer |
| Home mailing address | ********** ********** ** ***** |
| Name of physician or health care professional (first, middle, last) | |
| Place where event occurred | DOL OWCP JAX 8th Floor<br>400 West Bay Street Jacksonville FL 32 |
| Was treatment given at the worksite? | Yes |
| If not, where was the treatment given? | |
| Was the employee treated in an emergency room? | No |
| Was the employee hospitalized overnight? | No |
| Date injury occurred | 11/27/2012 |
| Time employee began work | 07:00 am |
| Time of event | 08:00 am |
| Just before the event... | Moving equipment |
| Description of event | I was moving equipment and hurt my back |
| Description of injury | back strain |
| Object or substance which directly harmed employee | box |

The supervisor would then review the information on the form. **Changes cannot be made to information submitted by the employee**. If information submitted by the employee is incorrect or needs modification, the form will need to be sent back to the employee for correction and resubmission.

# Filing an OSHA 301 : Supervisor Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

Supervisor Review

SUPERVISOR

1) Form Summary
2) Review OSHA 301
3) Reviewer Info & File Form

Actions
- Save Progress for Later

Help
- DOL's Privacy Policy

OSHA Form 301

Step 3 Reviewer Info & File Form

**Supervisor contact**

Supervisor telephone (XXX) XXX-XXXX International

**Did this incident result in the employee's death?** Yes No

Date of death MM/DD/YYYY

**Work-related consequences**

Incident resulted in
- Days away from work
- Job transfer or restriction 0
- None of the above

**Nature of incident** Injury Illness

Type of illness
- Skin disorder
- Respiratory condition
- Poisoning
- Hearing Loss
- All other illness

Back File Form

The supervisor would also add any additional information into the form as well. Once the supervisor is done processing the form the ***File Form*** button at the bottom of the screen is selected.

# Filing an OSHA 301 : Supervisor Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

SUPERVISOR

Supervisor Review | Upload Document

1) Form Summary
2) Review OSHA 301
3) Reviewer Info & File Form

Actions
- Save Progress for Later

Help
- DOL's Privacy Policy

OSHA Form 301

This form has been forwarded for review

ECN 104706 | OSHA-301

| | | | |
|---|---|---|---|
| Employee | Joe Employee | Date of event | 11/27/2012 |
| Organization | BUREAU OF ADMINISTRATION | Initiated | 11/27/2012 |

Form Locked | View | Get PDF | Upload Attachments | More...

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

Done

Once the Supervisor completes the OSHA-301 form review they are finished with that form. The designated safety representative will complete processing of that form.

# Filing a CA-1 or CA-2: Email to Supervisor

From: noreplyuat@ecomp.dol.gov
Sent: Tue 11/27/2012 2:34 PM
To: Revenaugh, Timothy G - OWCP
Cc:
Subject: ECOMP: ECN #104707 requires your review

An employee of the US government has identified you as his/her supervisor, and has requested that you review and complete an official government form. To access this form, click on this link:

https://www.training.ecomp.dol.gov/#lid=v9ng96zza

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ECN #:
- 104707

Form:
- CA1

Status:
- Pending review by Supervisor

Status Changed Date:
- 11/27/2012 02:33 PM

Responsible Organization:
- DEPARTMENT OF STATE
  - Other Agencies
    - BUREAU OF ADMINISTRATION
      - PER-ER-EP

Employee's Initials:
- G.R.

Date of Event:
- 11/27/2012

Date Filed:
- 11/27/2012 02:35 PM

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If you believe you were sent this message in error, follow the above link and select "I cannot or should not review this claim."

---

Questions about this email, or ECOMP:
https://www.training.ecomp.dol.gov

Please direct problems or issues to:
uat@ecomp.dol.gov

[Message ID: FC5D90CF-A99B-4344-BB6E-966D813D7D66]

For National Guard technician employees, once the employee files the OSHA-301 form then they can file a CA-1 or CA-2 form. If they do this, the supervisor will receive a notification email alerting them that a form is awaiting their review.

# Filing a CA-1 or CA-2: Email to Supervisor

From: noreplyuat@ecomp.dol.gov
To: Revenaugh, Timothy G - OWCP
Cc:
Subject: ECOMP: ECN #104707 requires your review
Sent: Tue 11/27/2012 2:34 PM

An employee of the US government has identified you as his/her supervisor, and has requested that you review and complete an official government form. To access this form, click on this link:

https://www.training.ecomp.dol.gov/#lid=v9ng96zza

---

ECN #:
- 104707

Form:
- CA1

Status:
- Pending review by Supervisor

Status Changed Date:
- 11/27/2012 02:33 PM

Responsible Organization:
- DEPARTMENT OF STATE
  - Other Agencies
    - BUREAU OF ADMINISTRATION
      - PER-ER-EP

Employee's Initials:
- G.R.

Date of Event:
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Date Filed:
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Please direct problems or issues to:
uat@ecomp.dol.gov

[Message ID: FC5D90CF-A99B-4344-BB6E-966D813D7D66]

The email will contain a link to access the form for review

The type of form to be reviewed

The initials of the employee

Pertinent dates

# Filing a CA-1 or CA-2: Supervisor Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

SUPERVISOR

Supervisor Review | Upload Document

**Supervisor Review**

**Help**

- About
- How to File a Form
- About Accessibility and 508 Compliance
- Filing Forms as an Injured Worker
- Reviewing Forms as a Supervisor
- Uploading Documents to FECA Case Files
- Electronic Document Submission Frequently Asked Questions
- OSHA Record Keeper User Guide
- Agency Reviewer User Guide
- Agency Maintenance Help
- Intro to the Compensation Process
- Which Form to Use?
- FAQ

## Supervisor Review

You have been named by an employee of the US government to review this form:

| ECN 104707 | CA-1 | |
|---|---|---|
| Employee | Joe Employee | Dat |
| Organization | BUREAU OF ADMINISTRATION | Initi |

**You should review this form if both of these are true:**

Your email is supervisor @dol.gov
You work as a supervisor at the **DEPARTMENT OF STATE**

**Yes, I will review this form**

**No, I cannot review this form**

Clicking on the link in the email will take the supervisor to ECOMP. If the employee sends the form to the incorrect supervisor or selects an incorrect agency when filing the form, the supervisor can return the form to the employee by selecting the ***No, I cannot review this form*** button at the bottom of the screen.

# Filing a CA-1 or CA-2: Supervisor Portion

The supervisor then selects a reason why the form cannot be reviewed. A notification will be sent to the employee and the Agency Comp Specialist informing them that the supervisor cannot review the form and the reason why.

UNITED STATES DEPARTMENT OF LABOR
ECOMP

Supervisor Review | Upload Document | SUPERVISOR

Sign Out

Supervisor Review

Help
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- Which Form to Use?
- FAQ

Organization: BUREAU OF ADMINISTRATION
Initiated: 11/27/2012

You should review this form if both of these are true:

Your email is: supervisor doLgov
You work as a supervisor at the DEPARTMENT OF STATE

Yes, I will review this form

No, I cannot review this form

**Return Reason** ×

*If you do not review this form, it will be returned to the person who filed it.*

**Why are you unable to review this form?**

1 - EMPLOYEE NOT UNDER MY SUPERVISION
2 - INCORRECT EMPLOYING AGENCY
3 - RETURN OF FORM REQUESTED BY EMPLOYEE

# Filing an OSHA 301 : Supervisor Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

SUPERVISOR

Supervisor Review | Upload Document

Signed in as Supervisor @dol.gov | Sign Out

**Supervisor Review**

**Help**

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- FAQ

## Supervisor Review

You have been named by an employee of the US government to review this form:

| ECN 104706 | CA-1 |
|---|---|
| Employee | Joe Employee |
| Organization | BUREAU OF ADMINISTRATION |

**You should review this form if both of these are true:**

Your email is Supervisor @dol.gov

You work as a supervisor at the **DEPARTMENT OF STATE**

**Yes, I will review this form**

**No, I cannot review this form**

If the supervisor elects to review the form because they do indeed supervise the employee that submitted the form then the supervisor would select the ***Yes, I will review this form*** button at the bottom of the screen.

# Filing an OSHA 301 : Supervisor Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

Supervisor Review | Upload Document | SUPERVISOR

Signed in as supervisor @doL.gov | Sign Out

Supervisor Review

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## Supervisor Review

You have been named by an employee of the US government to review this form:

ECN 104706 | CA-1

Employee: Joe Employee
Organization: BUREAU OF ADMINISTRATION

**You should review this form if both of these are true:**

Your email is supervisor @doL.gov
You work as a supervisor at the **DEPARTMENT OF STATE**

Yes, I will review this form

No,

The system will capture the IP address of the computer used to review the claim as a security measure.

**Warning**

You have elected to proceed with form review. For security purposes your IP address will be recorded. If you are not authorized to view this form, click Cancel. Otherwise, click "I Agree" to proceed.

Cancel | I Agree

# Filing a CA-1 or CA-2: Supervisor Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

SUPERVISOR

Supervisor Review | Upload Document

ov | Sign Out

To start the review, the supervisor will click on the ***Continue*** button.

1) Claim Summary
2) Review CA-1
3) CA-1 Supervisor Portion
- A) Supervisor Info
- B) Employee Basics
- C) Injury Details
- D) Physician, Witnesses & Remarks
- E) Attachments
- F) Review

4) Sign

Actions
- Save Progress for Later

Help
- DOL's Privacy Policy

ECOMP Claim for a Traumatic Injury (CA-1)

CA-1
w by Supervisor

Step 1 Claim Summary

Continue

| | |
|---|---|
| Claimant: | Joe Employee |
| Email: | Joe.employee@gmail.com |

| | |
|---|---|
| ECN | 104707 |
| Date of event | 11/27/2012 |
| Filed | 11/27/2012 |
| Supervisor | 'Supervisor @dol.gov |
| Agency | BUREAU OF ADMINISTRATION |

Continue

# Filing a CA-1 or CA-2: Supervisor Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

Supervisor Review | Upload Document | SUPERVISOR

1) Claim Summary
2) Review CA-1
3) CA-1 Supervisor Portion
A) Supervisor Info
B) Employee Basics
C) Injury Details
D) Physician, Witnesses & Remarks
E) Attachments
F) Review
4) Sign

Actions
- Save Progress for Later

Help
- DOL's Privacy Policy

ECOMP Claim for a Traumatic

Step 2 Review CA-1

Review this information carefully before

| | |
|---|---|
| Your Name | G |
| Government organization | DE BU PE 24 W |
| Reviewer | re |
| Social security number | ** |
| Date of birth / sex | ** |
| Home telephone | (9 |
| Grade / step as of last injury | 13 |
| Home mailing address | ** |
| Dependents | W |
| Place where injury occurred | D |
| Address where injury occurred | 400 West Bay Street Jacksonville FL 32204 |
| Date injury occurred | 11/27/2012 08:00 am |
| Date of this notice | 11/27/2012 |
| Employee's occupation | Analyst |
| Cause of injury | Moving equipment<br>I was moving equipment and hurt my back |
| Nature of the injury | back strain |
| Witness Name | |
| Witness Address | |
| Date of Witness Statement | |
| Attachments | Add/Modify attachments |

The information entered by the employee can be viewed by the supervisor but cannot be changed. If the supervisor notices information that he/she believes should be changed by the employee then there are two ways to handle the situation:

1. Talk to the employee and if they agree the information should be changed the form can be sent back to the employee for resubmission.
2. If the employee disagrees that the information should be changed then the supervisor can annotate areas where they do not agree with what the employee submitted.

Both processes will be discussed later in the presentation.

# Filing a CA-1 or CA-2: Supervisor Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

SUPERVISOR

Supervisor Review | Upload Document

1) Claim Summary
2) Review CA-1
3) CA-1 Supervisor Portion
A) Supervisor Info
B) Employee Basics
C) Injury Details
D) Physician, Witnesses & Remarks
E) Attachments
F) Review
4) Sign

Actions
- Save Progress for Later

Help
- DOL's Privacy Policy

ECOMP Claim for a Traumatic I

Step 3A Supervisor Info

The supervisor will enter information into the claim form. Not all information is required so some information is optional and does not have to be entered by the supervisor.

38 Supervisor name: Bob | Middle name: Hope
Supervisor title: Manager
Office phone: (202) 444-8888 ☐ International

17 Agency name and address of reporting office (include city, state, and zip code)
Agency name: DOL | OSHA site code:
Address: 200 Constitution ☐ Non-US address
City: Washington | State: DC - District Of | Zip code: 20010

Back | Continue

# Filing a CA-1 or CA-2: Supervisor Portion

- Optional information for the CA-1 form:
  - OSHA Site Code
  - Date and Time employee stopped work
  - Date employee pay stopped
  - Date 45 day period began
  - Date and hour returned to work
  - Third party address
  - Anatomical location
  - Nature of Injury
  - Cause of Injury
  - Extent of Injury
  - Physician name
  - Physician address

- Medical care first received date
- Pay Rate
- Remarks

# Filing a CA-1 or CA-2: Supervisor Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

Supervisor Review | Upload Document | SUPERVISOR

Continue to enter all required information into the claim form. When you are finished with one screen, select ***Continue*** to move to the next screen.

1) Claim Summary
2) Review CA-1
3) CA-1 Supervisor Portion
- A) Supervisor Info
- B) Employee Basics
- C) Injury Details
- D) Physician, Witnesses & Remarks
- E) Attachments
- F) Review

4) Sign

Actions
- Save Progress for Later

Help
- DOL's Privacy Policy

ECOMP Claim for a Traumat

Step 3B Employee Basic

a Employee occupation code: G0560 - BUDGET ANALYSIS
b Type code: 210 - FELL ON SAME LEVEL
c Source code: 140 - FURNITURE, FURNISHINGS, OFFICE EQUIPMENT

19 Employee's retirement coverage: CSRS / FERS / Other (identify)

Does employee work a regular schedule? Yes / No

20 Regular work hours: From 06:00 AM To 03:00 PM

21 Regular work schedule: Sun Mon Tue Wed Thu Fri Sat

22 Date of injury: 11/27/2012
23 Date notice received: 11/27/2012
24 Date and hour employee stopped work: 11/27/2012
25 Date employee's pay stopped: MM/DD/YYYY
26 Date 45 day period began: MM/DD/YYYY
27 Date and hour returned to work: MM/DD/YYYY

Back | Continue

# Filing a CA-1 or CA-2: Supervisor Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

Supervisor Review | Upload Document | SUPERVISOR

1) Claim Summary
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- F) Review

4) Sign

Actions
- Save Progress for Later

Help
- DOL's Privacy Policy

ECOMP Claim for a Traumat

Step 3C **Injury Details**

Continue to enter all required information into the claim form. When you are finished with one screen, select ***Continue*** to move to the next screen.

28 Was the employee injured in performance of duty?
Yes No Explain why not.

29 Was the injury caused by employee's willful misconduct, intoxication, or intent to injure self of another?
Yes No Explain why.

30 Was the injury caused by third party?
Yes No 31 Who was the third party?
Name
Address Example: 123 Pleasant Lane, apt. A Non-US address
City Example: Fairview State Zip code

Anatomical location of injury
Nature of the injury
Cause of injury
Extent of Injury

Back Continue

# Filing a CA-1 or CA-2: Supervisor Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

Supervisor Review | Upload Document | SUPERVISOR

Signed in as revenaugh.timothy@dol.gov | Sign Out

1) Claim Summary
2) Review CA-1
3) CA-1 Supervisor Portion
- A) Supervisor Info
- B) Employee Basics
- C) Injury Details
- D) Physician, Witnesses & Remarks
- E) Attachments
- F) Review

4) Sign

Actions
- Save Progress for Later

Help
- DOL's Privacy Policy

ECOMP Claim for a Traumat

Step 3D Physician, Witn

32 Name and address of physician fi
Name First name
Address Example: 123 Pleas
City Example: Fairview

33 First date medical care received
34 Do medical reports show employe
35 Does your knowledge of the facts
Yes No Explain why

36 If the employing agency controvert

37 Pay rate when employee stopped work per

38 I certify that the information I have given and the information furnished by the employee on this form is true to the best of my knowledge with the following exception:

Back Continue

Continue to enter all required information into the claim form. If the supervisor disagrees with any information entered by the employee and the employee does not want to change what was entered on the form the he/she can annotate the disagreement in the area (outlined in red) at the bottom of the screen. For example if the DOI were entered erroneously by the employee and they did not want to change the DOI they entered the supervisor could provide what they believe to be the correct DOI in this field.

# Filing a CA-1 or CA-2: Supervisor Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

SUPERVISOR

Supervisor Review | Upload Document

1) Claim Summary
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Actions
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Help
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ECOMP Claim for a Trauma

Step 3E **Attachments**

The supervisor can attach any additional document that is felt to be pertinent to the claim and should be considered by the Claims Examiner when adjudicating the claim.

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

**NOTE: Do not upload OWCP forms or medical bills here.** 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.

*Click to attach a new document*

**There are currently 0 attachments for this form.**

Attach New Document...

Delete selected attachment

Have Questions? **View Frequently Asked Questions.**

Back | Continue

# Filing a CA-1 or CA-2: Supervisor Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

Supervisor Review | Upload Document | SUPERVISOR

Signed in as revenaugh.timothy@dol.gov | Sign Out

1) Claim Summary
2) Review CA-1
3) CA-1 Supervisor Portion
- A) Supervisor Info
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- E) Attachments
- F) Review

4) Sign

Actions
- Save Progress for Later

Help
- DOL's Privacy Policy

ECOMP Claim for a Traumat

Step 3F Review

Review this information carefully bef

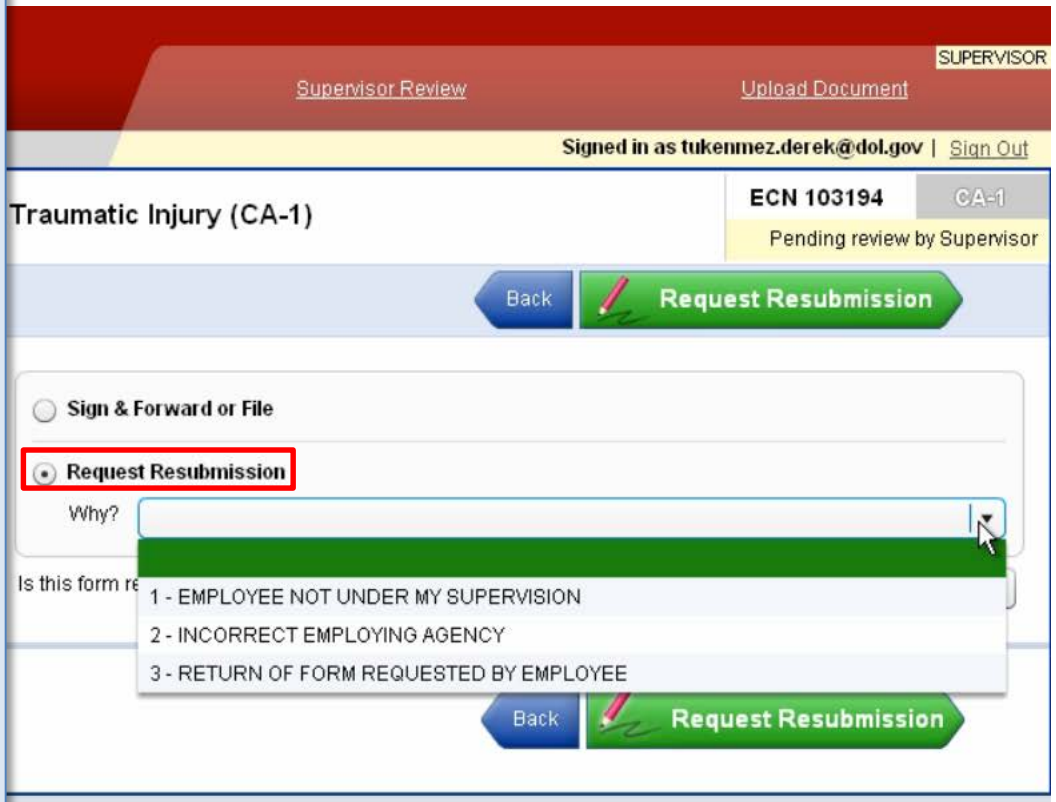
| | |
|---|---|
| Supervisor name | |
| Supervisor title | |
| Email & office phone | |
| Agency name | DOL |
| OSHA site code | |
| Address | 200 Constitution Washington DC 20010 |
| Employee occupation code | G0560 |
| Type code | 210 |
| Source code | 140 |
| Employee's retirement coverage | FERS |
| Does employee work a regular schedule? | Yes |
| Regular work hours | 06:00 am - 03:00 pm |
| Regular work schedule | |
| Date of injury | 11/27/2012 |
| Date notice received | 11/27/2012 |
| Date and hour employee stopped work | 11/27/2012 |
| Date employee's pay stopped | |
| Date 45 day period began | |
| Date and hour returned to work | |
| Injured in performance of duty? | Yes |
| Misconduct, intoxication, or intent to injure? | No |
| Injury caused by third party? | No |
| Third party address | |
| Anatomical location of injury | |

Finally, once all the information has been entered by the supervisor, one final review is done. Any changes can be made at this point by placing the cursor near the field and selecting the ***Go to field*** button that will appear.

# Filing a CA-1 or CA-2: Supervisor Portion

If the supervisor has discovered an entry by the employee is erroneous and the employee is willing to change the information entered into the form then the claim form can be sent back to the employee from this screen. The supervisor would select the ***Request Resubmission*** button and select **RETURN OF FORM REQUESTED BY EMPLOYEE** as the reason why. The form will be returned to the employee. They can then correct the erroneous information and resubmit the form to the supervisor.

The supervisor cannot refuse to process the form even if the employee does not change the erroneous information.



# Filing a CA-1 or CA-2: Supervisor Portion

If the supervisor is completed reviewing the form then the ***Sign & Forward or File*** option will be selected and then the Sign & Forward button will be clicked.

UNITED STATES DEPARTMENT OF LABOR
ECOMP

1) Claim Summary
2) Review CA-1
3) CA-1 Supervisor Portion
- A) Supervisor Info
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- C) Injury Details
- D) Physician, Witnesses & Remarks
- E) Attachments
- F) Review

4) Sign

Actions
- Save Progress for Later

Help
- DOL's Privacy Policy

ECOMP Claim for a Traumatic Injury (CA-1)

ECN 104707 CA-1
Pending review by Supervisor

Step 4 Sign

Back | Sign & Forward

Action to take
- Sign & Forward or File
- Request Resubmission
  - Why?

Event
Is this form related to one of these events?

Back | Sign & Forward

# Filing a CA-1 or CA-2: Supervisor Portion

The supervisor will click ***I Agree*** to finish processing the form.

UNITED STATES DEPARTMENT OF LABOR
ECOMP

SUPERVISOR

Supervisor Review | Upload Document

1) Claim Summary
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- E) Attachments
- F) Review

4) Sign

Actions
- Save Progress for Later

Help
- DOL's Privacy Policy

ECOMP Claim for a Traum

Pending review by Supervisor

Step 4 Sign

Back | Sign & Forward

Action to take

Event

I understand that a supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect to this claim may be subject to appropriate felony criminal prosecution.

I Agree | Cancel

Back | Sign & Forward

# Filing a CA-1 or CA-2: Supervisor Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

SUPERVISOR

Out

The form will now be submitted to the Injury Compensation Specialist for the agency to finish processing.

1) Claim Summary
2) Review CA-1
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- A) Supervisor Info
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- D) Physician, Witnesses & Remarks
- E) Attachments
- F) Review

4) Sign

Actions
- Save Progress for Later

Help
- DOL's Privacy Policy

ECOMP Claim for a Traur

ewer

This form has been forwarded for review

| ECN 104707 | CA-1 | | Pending final review by FECA Agency Reviewer |
|---|---|---|---|
| Employee | Joe Employee | Date of event | 11/27/2012 |
| Organization | BUREAU OF ADMINISTRATION | Initiated | 11/27/2012 |

Form Locked | View | Get PDF | Upload Attachments | More...

You can print a copy of this form using the Save/Print button above.

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

Done

# Additional Training

**Employee & Claimants**
- File a Form
- Access Existing Form
- Claim Status (CQS)

**Track Status**

**Case Stakeholders**
- Upload Document to an Existing Case
- Agency Query System (AQS)

**Reviewers**
- Agency Reviewers
- OSHA Record Keepers

**Administration**
- Agency Maintenance
- ECOMP/DFEC Administrator

**Contact ECOMP**

**Help**
- About
- How to File a Form
- About Accessibility and 508 Compliance
- Filing Forms as an Injured Worker
- Reviewing Forms as a Supervisor
- Uploading Documents to FECA Case Files
- Electronic Document

## Have you been hurt on the job?

If you are a **Federal Employee** or a **Contractor** and have related injury or illness, use ECOMP to report the supervisor.

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

File Form | Sign In / Register

Additional training can be found on the ECOMP website at www.ecomp.dol.gov/ under the **Help** section.

**Do not upload OWCP forms or medical bills!** Forms or bills submitted as uploads will not be processed. Submit medical bills here.

Access Case & Upload Document

**Track status of form or document**

Enter ECN or DCN | Go!

Agency Reviewers & OSHA Record Keepers Sign In

# Additional Training

**Employee & Claimants**
- File a Form
- Access Existing Form
- Claim Status (CQS)

**Track Status**

**Case Stakeholders**
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- Reviewing Forms as a Supervisor
- Uploading Documents to FECA Case Files
- Electronic Document

## Have you been hurt on the job?

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

If you are a **Federal Employee** you may also file a claim for benefits under the Federal Employees' Compensation Act (FECA). Depending upon your agency, start by filing **OSHA's Form 301**, then file a claim using either form **CA-1 (for traumatic inj**
you have received an of
**-7 (Claim for Compens**

**File Form**

**Track status of form**

Enter ECN or DCN

## Need to upload a document?

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

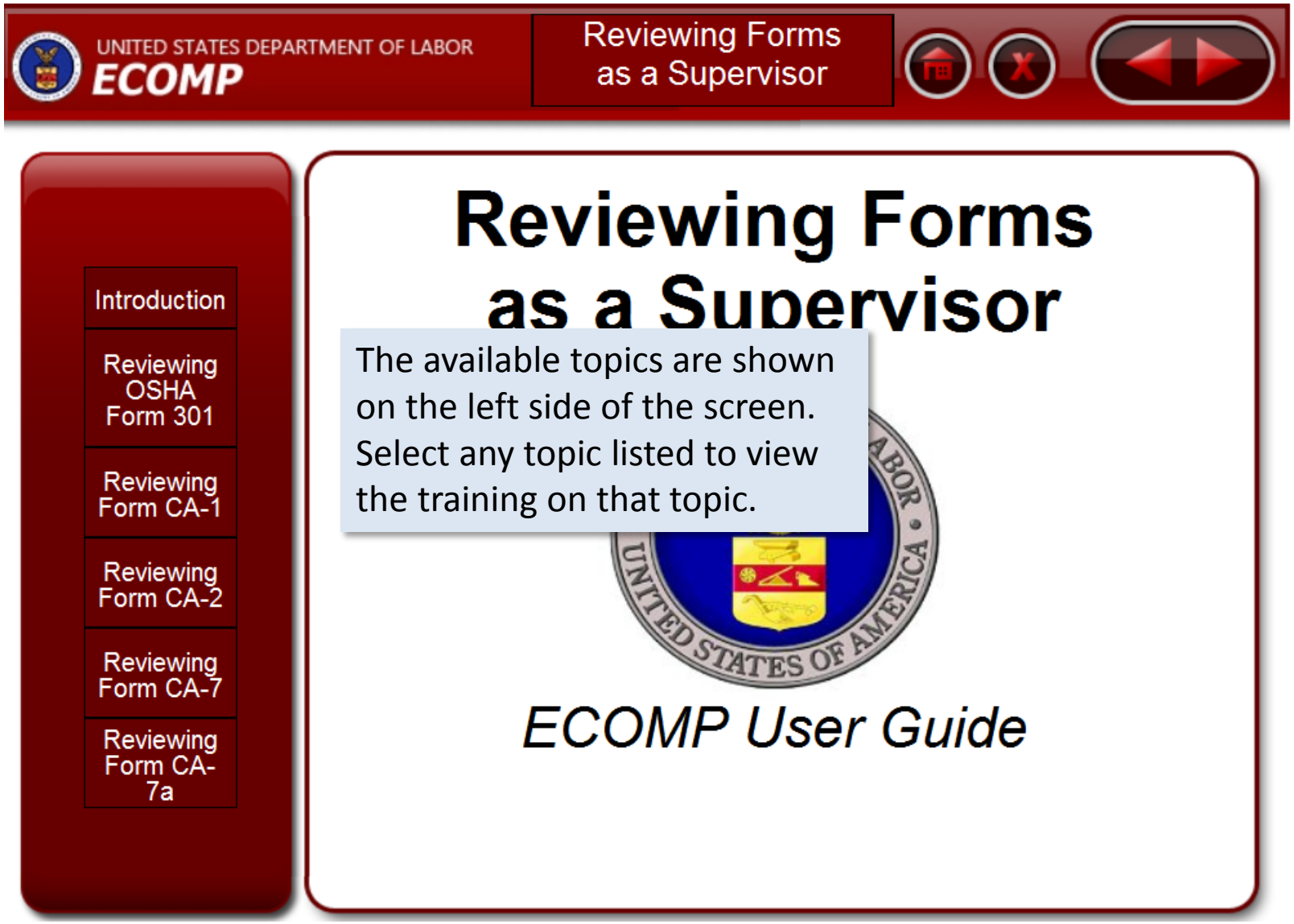
**Do not upload OWCP forms or medical s!** Forms or bills submitted as uploads will not processed. Submit medical bills here.

**Access Case & Upload Document**

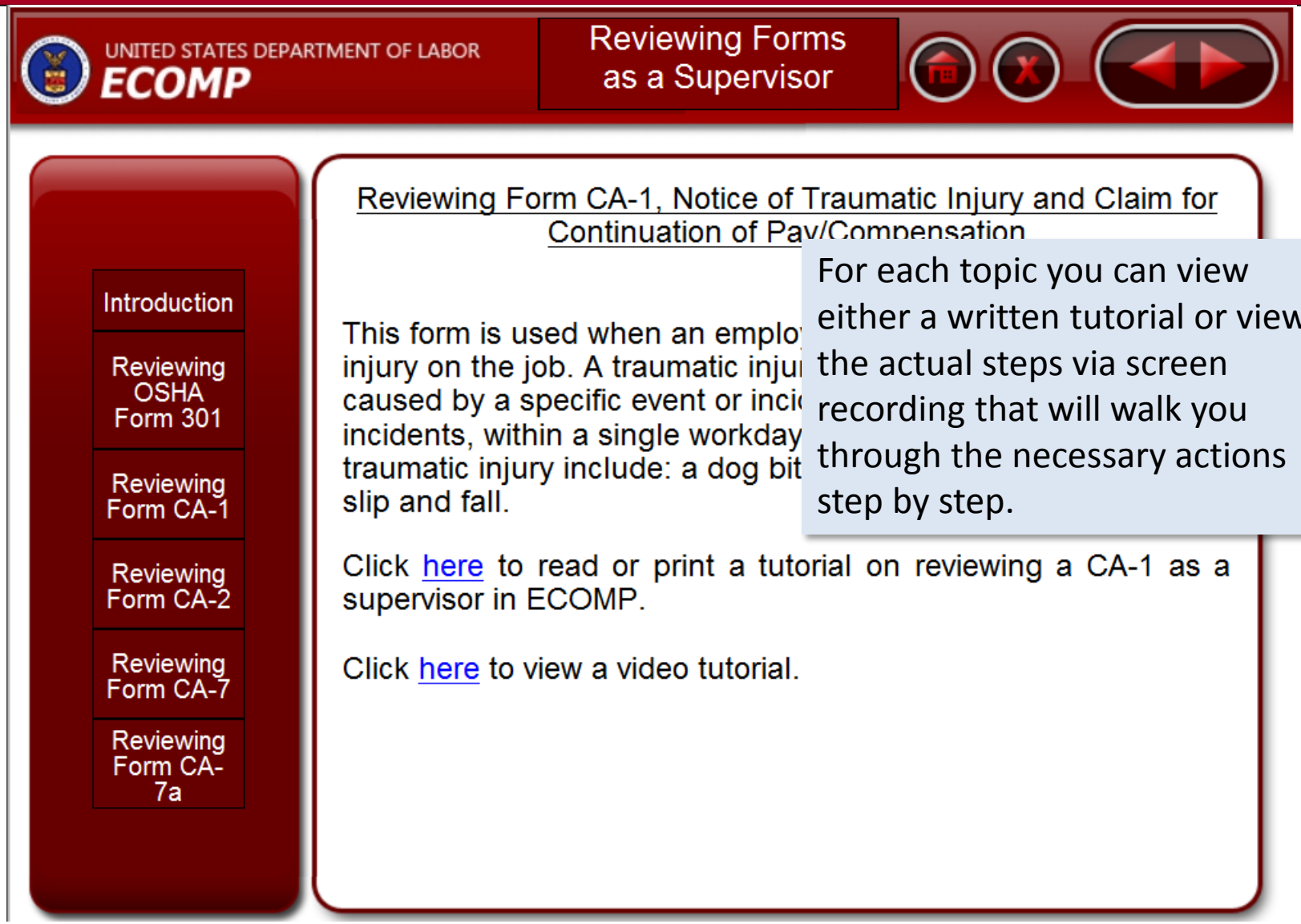
**Agency Reviewers & OSHA Record Keepers Sign In**

Training is available for employees, supervisors, safety personnel and ICPAs. To view training for supervisors click on the ***Reviewing Forms as a Supervisor*** link

# Additional Training



# Additional Training




For each topic you can view either a written tutorial or view the actual steps via screen recording that will walk you through the necessary actions step by step.