ECOMP For National Guard Technician Employees

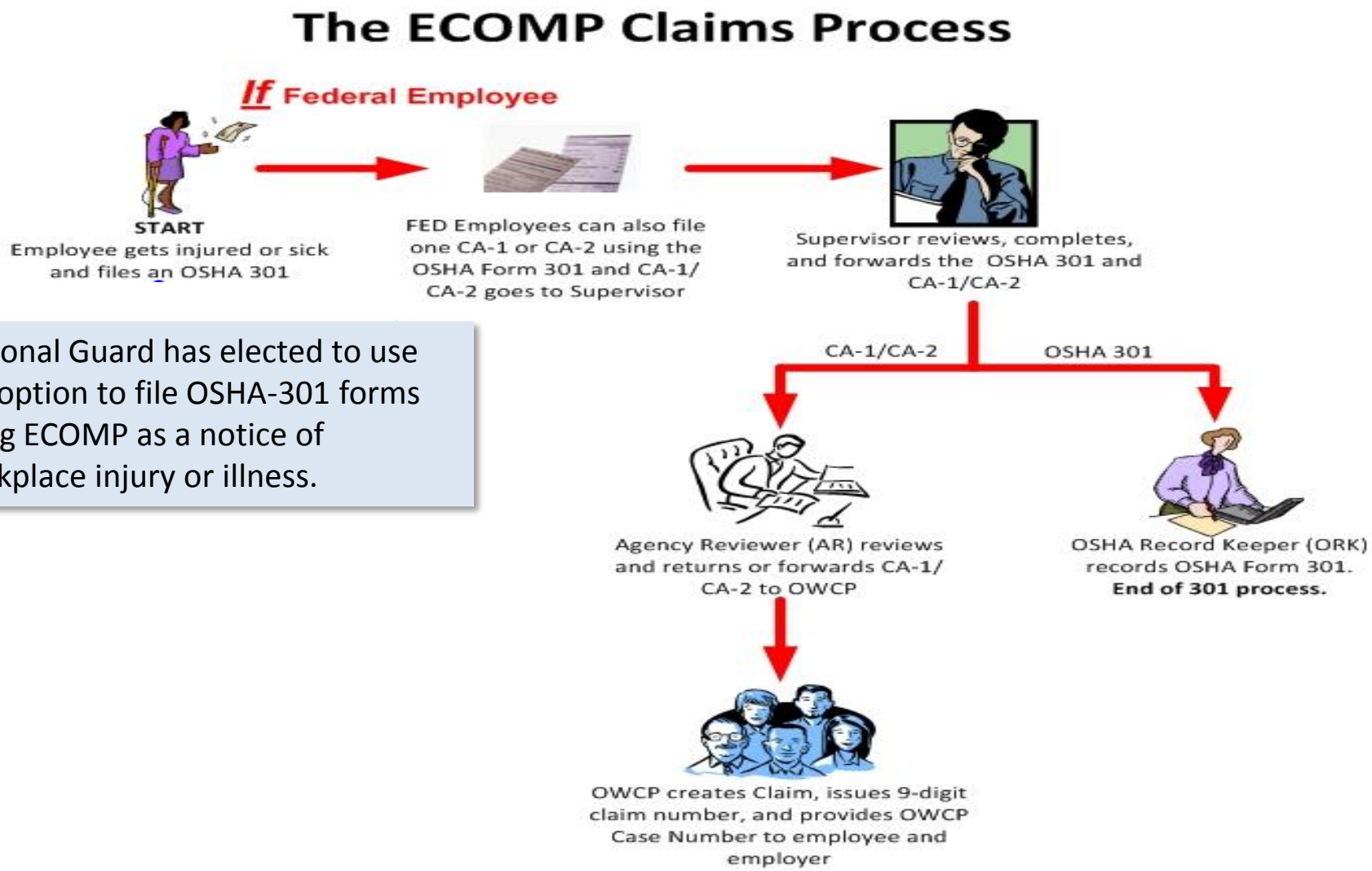
ECOMP

This training will provide employees with the steps necessary to submit 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's Workflow



National Guard has elected to use the option to file OSHA-301 forms using ECOMP as a notice of workplace injury or illness.

Benefits of using ECOMP

- Employee can file a claim from home and submit to their supervisor. They do not have to use a computer at work or sit with their supervisor in order to file a claim.
- Documents supporting the claim can be uploaded at the time the claim is entered by the employee. This means that crucial information will be seen by the Claims Examiner when the claim is submitted, speeding up adjudication of the claim.
- Employees can log into ECOMP and view and print copies of claim forms when necessary.

Benefits of using ECOMP

- Employees can check status of claim submission and will receive claim numbers when assigned by DOL.
- Claim numbers are received more quickly from DOL allowing medical providers to bill OWCP and thus reduce any problems when providers want to initially submit bills after treatment.

Alternate methods of filing

- If a claim cannot be filed by the employee using ECOMP, there are alternate methods of filing the claim with DOL.
  - The agency can elect to have agency personnel (Injury Compensation Specialist) file a claim on behalf of an employee. This will be an agency decision and will most likely be done on a case by case basis that is dependent upon specific circumstances.
  - Hard copy claim form can be processed through the agency and sent to DOL.

Employee Registration

- **Employees must first register and create an account in ECOMP in order to file a claim. During registration, the employee will select their Department/Agency/Duty Station & enter Supervisor E-mail address**.
- Employee uses the Internet at any computer to access the ECOMP URL www.ecomp.dol.gov
- They can then use this account whenever they file subsequent claims using a User ID and Password established when they register.

Employee Registration

- The application guides the employee through the process for ease of use.
- Passwords can be reset using security questions set up during registration so employees do not have to worry about forgotten passwords.
- Employees can use their home computer, if they so desire, to file the required forms.

UNITED STATES DEPARTMENT OF LABOR
ECOMP

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

ECOMP

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

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

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 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 a Form | Sign In / Register

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 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!

The employee will click on the Sign in/Register button to start the registration process

Employee Registration

UNITED STATES DEPARTMENT OF LABOR
ECOMP

ECOMP Home | File a For

ECOMP / 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 Labor OWCP. Your accou
Privacy Act. If you already have an account you can Sign In here.

Account Basics

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

Home telephone: (123) 456-7890

Your email address: Joe.Employee@gmail.com

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

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

☐ **I am not a US citizen, and do not have a**
Note: This setting affects the way you file
changed after you register.

Government Organization

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

Department: DEPARTMENT OF HOMELAND SECURITY | - Filter by

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

Agency: OFFICE OF DOMESTIC PREPAREDNESS, GRANTS &

Duty station: CHCO-HRMS-WORKERS' COMP COORDINATOR

CHCO-HR
245 MURRAY LANE, SW, STOP 0115
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

The employee will then enter information to create their account. This information will include their name, phone, SSN, and email address where they want any claim notifications to be sent. They will also select their duty station from a series of dropdowns and **enter their immediate supervisors email address**. This email address will determine where any claims submitted by the employee will be sent for supervisory review.

Employee Registration

- 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

Password

Choose a password

Re-enter password

Passwords must
least: one upper-c
and one special c

Security Questions

If you forget your password, we will ask you three security questions. Choose security q
remember in the future.

Choose security question 1 - select -

Your answer to question 1

Choose security question 2 - select -

Your answer to question 2

Choose security question 3 - select -

Your answer to question 3

Cancel | Create My ECOMP Account

The employee then creates a password that will be used to access ECOMP and a series of three security questions which will be used to allow the employee to reset their password should the need arise.

Filing an OSHA 301: Employee Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

ECOMP Home | Employee Dashboard | File a Form

ECOMP / Employee Home / What Form Should I File

Employee Dashboard
- File New Form
- Access Existing Form
- Upload Document to an Existing Case
- Claim Status (CQS)

Create New Form
- Which Form To Use?
- File CA-7 for an existing case

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

Which Forms Can I File?

Each agency determines which forms are available for filing through ECOMP. The way yo
your employment status and your employing agency. To learn which forms you can file, fi

What is your employment status? Federal Employee / Contractor

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

Department..... DEPARTMENT OF STATE
Agency-Group..... Other Agencies
Agency..... BUREAU OF ADMINISTRATION
Duty station..... PER-ER-EP

To file a form for an injury or illness...

1. Report the incident in ECOMP using **OSHA Form 301 (Injury and Illness Incident Report)**.
2. Claim benefits using either form **CA-1 (for Traumatic Injury)** or form **CA-2 (for Occupational Disease)**. You must file an **OSHA-301** first. Pending review of your claim, you may receive a FECA Case Number.
3. If you wish to claim compensation, and you've recieved an official FECA Case Number, you can file form **CA-7 (Claim for Compensation)**. You must have a FECA Case Number.

✔ This organization supports filing forms **OSHA-301**, **CA-1**, **CA-2**, **CA-7** and **CA-7a** through ECOMP.

Continue to File OSHA-301

Once the employee sets up their account they can then file a claim. ECOMP will notify the employee which claims can be filed. All DOD employees will be allowed to file CA-1, CA-2, CA-7, and CA-7a forms. If the OSHA-301 will be filed through ECOMP it will appear on the list of enabled forms in the bottom part of the screen

Filing an OSHA 301: Employee Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

ECOMP Home | Employee Dashboard | File a Form

ECOMP / Employee Home / OSHA-301 Introduction

Employee Dashboard
- File New Form
- Access Existing Form
- Upload Document to an Existing Case
- Claim Status (CQS)

Create New Form
- Which Form To Use?
- File CA-7 for an existing case

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

About OSHA Form 301

Why should I file?
OSHA Form 301, Injury and Illness Incident Report, is one of the first forms
or illness has occurred. This form helps the employer and OSHA develop a
form must be completed within 7 calendar days of a recordable work-related

If you are or were a Federal civilian employee, after filing an **OSHA-301** you
(Federal Employee's Notice of Traumatic Injury and Claim for Continuatio
Disease and Claim for Compensation).

How do I file the form?
The process for filing a form involves completing several form sections mad
viewed in the navigation bar on the left. Unless otherwise noted, all of the fi
any time, and completed later. Once the form has been submitted, it will
OSHA Record Keeper.

For National Guard Technician employees the OSHA-301 will need to filled out by the employee and submitted before they will be allowed to file a CA-1 or CA-2 form.

Once the OSHA-301 is filed it will have no further effect on the CA-1/CA-2 filing. A delay in processing the OSHA form will <u>not</u> delay submission of the CA-1 or CA-2

Filing an OSHA 301: Employee Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

ECOMP Home | Employee Dashboard | File a Form

ECOMP / Employee Home / OSHA 301 / Location & Time

Signed in as Joe Employee | Sign Out | Account

1) OSHA 301
- A) Employee & Physician
- B) Location & Time
- C) Incident Details

2) Review & File Form

Actions
- Save Progress for Later
- Cancel This Form

Help
- DOL's Privacy Policy

OSHA Form 301

ECN 104706 OSHA-301 ✕
Draft

Step 1B **Location & Time**

Back | Continue

Next, indicate whether treatment was given at the worksite, and if not, where treatment w
treated in an emergency room and/or hospitalized overnight. Also enter the date of injury
may also enter the time of the event, if available. This is an optional field.

You

The employee will be guided through the filing process.

Place where event occurred
DOL OWCP JAX
8th Floor
400 West Bay Street ☐ Non-US address
City Jacksonville State FL - Florida Zip code 32204

7 Was treatment given at the worksite? ◉ Yes ○ No

If not, where was the treatment given?

Facility
Address Example: 123 Pleasant Lane, apt. A ☐ Non-US address
City Example: Fairview State Zip code

8 Was the employee treated in an emergency room? ○ Yes ◉ No

9 Was the employee hospitalized overnight? ○ Yes ◉ No

10 Case number 104706

11 Date of injury or illness 11/27/2012

12 Time employee began work 07:00 AM

13 Time of event 08:00 AM ☐ Time cannot be determined

Back | Continue

Filing an OSHA 301 : Employee Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

ECOMP Home | Employee Dashboard | File a Form

ECOMP / Employee Home / OSHA 301 / Incident Details

Signed in as Joe Employee | Sign Out | Account

1) OSHA 301
- A) Employee & Physician
- B) Location & Time
- C) Incident Details
- 2) Review & File Form

Actions
- Save Progress for Later
- Cancel This Form

Help
- DOL's Privacy Policy

OSHA Form 301

ECN 104706 OSHA-301 ✕
Draft

Step 1C **Incident Details** Back Continue

Next, provide details about the incident being reported. Describe what the employee was doing just before the incident occurred; what happened; the nature of the injury or illness; and what object or substance directly harmed the employee.

14 **What was the employee doing just before the incident occurred?**

Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials", "spraying chlorine from hand sprayer", "daily computer key-entry."

Moving equipment

15 **What happened?**

Examples:"When ladder slipped on wet floor, worker fell 20 feet", "Worker was sprayed with chlorine when gasket broke during replacement", "Worker developed soreness in wrist over time."

I was moving equipment and hurt my back

16 **What was the injury or illness?**

Tell us the part of the body that was affected and how it was affected Be more specific than "hurt", "pain", or "sore." Examples: "strained back", "chemical burn, hand", "carpal tunnel syndrome."

back strain

17 **What object or substance directly harmed the employee?**

Examples: "concrete floor", "chlorine", "radial arm saw." If this question does not apply to the incident, leave it blank.

box

Back Continue

Filing an OSHA 301 : Employee Portion

C) Incident Details

2) Review & File Form

Actions

- Save Progress for Later
- Cancel This Form

Help

- DOL's Privacy Policy

Carefully review your form before filing it.

Employee name	Joe Employee
Employee email	Joe.Employee@gmail.com
Government organization	DEPARTMENT OF STATE BUREAU OF ADMINISTRATION PER-ER-EP 2401 E STREET, NW, ROOM H-236 SA-1 WASHINGTON, DC 20522
Reviewer	Supervisor @dol.gov
Date of birth	07/03/1975
Date hired	04/01/1998
Sex	Male
Job title	Administrative Officer
Home mailing address	400 West Bay Street Jacksonville FL 32201
Name of physician or health care professional (first, middle, last)	
Place where event occurred	DOL OWCP JAX 8th Floor 400 West Bay Street Jacksonville FL 32204
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

Back

File Form

Before the OSHA-301 form is submitted the employee will be given a chance to review the information on the form. If the employee is satisfied with the information then it can be forwarded by clicking on the ***File Form*** button at the bottom of the screen. If changes need to be made then the employee can move back through the form to make the necessary changes.

Filing an OSHA 301 : Employee Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

ECOMP Home | Employee Dashboard | File a Form

ECOMP / Employee Home / OSHA 301 / Submission Successful

Signed in as Joe Employee | Sign Out | Account

1) OSHA 301
- A) Employee & Physician
- B) Location & Time
- C) Incident Details

2) Review & File Form

Actions
- Save Progress for Later
- Cancel This Form

Help
- DOL's Privacy Policy

OSHA Form 301

ECN 104706 OSHA-301

Pending review by Supervisor

This form has been forwarded for review

ECN 104706 OSHA-301

Employee Joe Employee

Organization BUREAU OF ADMINISTRATION

Form Locked | View | Get PDF

An email has been sent to your supervisor's email account at

A digital copy of this form will be kept by ECOMP for 5 years. (Public La

You will receive email updates each time the status of this form chang

Make sure to save / print a copy for your records and note the ECN (E

Because you are a Federal employee, now that you have filed a **OSHA**
using either form **CA-1 or CA-2.**

Once the OSHA-301 has been forwarded, the employee will see it on their dashboard. They will then be given the opportunity to continue to file a CA-1 or CA-2 injury or illness claim based upon the incident documented on the OSHA-301 or exit ECOMP.

File CA-1 or CA-2 based on this OSHA 301 | Done

Filing a CA-1 or CA-2: Employee Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

ECOMP Home | Employee Dashboard | File a Form

ECOMP / Employee Home / Claim Introduction

Signed in as Joe Employee | Sign Out | Account

Employee Dashboard
- File New Form
- Access Existing Form
- Upload Document to an Existing Case
- Claim Status (CQS)

Create New Form
- Which Form To Use?
- File CA-7 for an existing case

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

About Forms CA-1 and CA-2

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

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

How do I file the form?
The process for filing a form involves completing several form sections made up of smaller form-filing steps. These individual steps can be viewed in the navigation bar on the left. Unless otherwise noted, all of the fields in the form must be completed.

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

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

File a CA-1 or CA-2

A screen will display providing information on when to file a CA-1 or CA-2 to allow the employee to file the correct form. Clicking ***File a CA-1 or CA-2*** will start the process.

Filing a CA-1 or CA-2: Employee Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

ECOMP Home | Employee Dashboard | File a Form

ECOMP / Employee Home / Select a Form

Signed in as Joe Employee | Sign Out | Account

Employee Dashboard
- File New Form
- Access Existing Form
- Upload Document to an Existing Case
- Claim Status (CQS)

Create New Form
- Which Form To Use?
- File CA-7 for an existing case

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

Base Claim on Existing Incident

Your claim will be based upon this form

ECN 104706	OSHA-301		Pending review by Supervisor
Employee	Joe Employee	Date of event	11/27/2012
Organization	BUREAU OF ADMINISTRATION	Initiated	11/27/2012

Not the right form / ECN?
Select a different one...
File a new one

Continue

If this is the only OSHA-301 on the employee dashboard then the employee clicks ***Continue.*** If there is more than one OSHA-301 form on the dashboard, the employee can select which OSHA-301 will be used as the basis for the FECA claim.

Filing a CA-1 or CA-2: Employee Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

ECOMP Home | Employee Dashboard | File a Form

ECOMP / Employee Home / Select Chain Form

Signed in as Joe Employee | Sign Out | Account

Employee Dashboard
- File New Form
- Access Existing Form
- Upload Document to an Existing Case
- Claim Status (CQS)

Create New Form
- Which Form To Use?
- File CA-7 for an existing case

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

Select CA-1 or CA-2

There are two types of injury claims that may be filed: **CA-1** or **CA-2**. Only one claim (either Form **CA-1** or Form **CA-2**) may be filed based on a single incident. If your agency requires a Form **OSHA-301** prior to filing a FECA claim, this means that only one FECA claim form may be filed per **OSHA-301**.

Select the appropriate form:

CA-1 *For Traumatic Injury*

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

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

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

Select CA-1 & Continue

OR

CA-2 *For Illness*

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

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

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

Select CA-2 & Continue

The employee then selects the type of form to be filed.

Filing a CA-1 or CA-2: Employee Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

ECOMP Home | Employee Dashboard | File a Form

ECOMP / Employee Home / CA-1 / Employee Basics

Signed in as Joe Employee | Sign Out | Account

1) Form CA-1
- A) Employee Basics
- B) Description of Injury
- C) Witness Statement
- D) Attachments
- E) Review

2) Sign & File Form

Actions
- Save Progress for Later
- Cancel This Form

Help
- DOL's Privacy Policy

ECOMP Claim for a Traumatic Injury (CA-1)

New Form

Draft

Step 1A Employee Basics

Continue

Welcome to CA-1. The steps in this form are listed in the navigator at left. Unless other
by filling out your basic information below.

1. Employee name (first, middle, last): George | Middle name | Revenau
2. Social security number: ********** Confirm SSN **********
3. Date of birth: 07/03/1975
4. Sex: Male Female
5. Home telephone: (904) 366-0214 International
6. Grade as of Date of Injury: Grade 13 Step 5
7. Home mailing address: 400 West Bay Street
   City Jacksonville State FL - Florida
8. Dependents: Wife, Husband; Children under 18 years

Who should review this form?

Immediate supervisor's email: revenaugh.timothy @ dol.gov

Continue

The employee will then be guided through the filing process. Information entered into the OSHA-301 that can be used on the CA form will automatically flow to the CA form thus eliminating the need to enter duplicate information

Filing a CA-1 or CA-2: Employee Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

ECOMP Home | Employee Dashboard | File a Form

ECOMP / Employee Home / CA-1 / Description of Injury

Signed in as Joe Employee | Sign Out | Account

1) Form CA-1
- A) Employee Basics
- B) Description of Injury
- C) Witness Statement
- D) Attachments
- E) Review

2) Sign & File Form

Actions
- Save Progress for Later
- Cancel This Form

Help
- DOL's Privacy Policy

ECOMP Claim for a Traumatic Injury (CA-1)

New Form | CA-1 | Draft

Step 1B **Description of Injury** Back Continue

Describe the details of employee's injury.

9 Place where injury occurred
DOL OWCP JAX
8th Floor
Address 400 West Bay Street
City Jacksonville State FL - Flori

10 Date injury occurred 11/27/2012 Time 08:00 am

11 Date of this notice *If you submit this form today, it will be filed on 11/27/2012*

12 Employee's occupation Analyst

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

13 Cause of injury
Moving equipment
I was moving equipment and hurt my back

14 Nature of the injury
back strain

Back Continue

Clicking ***Continue*** will move the employee through the form

Filing a CA-1 or CA-2: Employee Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

ECOMP Home | Employee Dashboard | File a Form

ECOMP / Employee Home / CA-1 / Witness Statement

Signed in as Joe Employee | Sign Out | Account

1) Form CA-1
- A) Employee Basics
- B) Description of Injury
- C) Witness Statement
- D) Attachments
- E) Review

2) Sign & File Form

Actions
- Save Progress for Later
- Cancel This Form

Help
- DOL's Privacy Policy

ECOMP Claim for a Traumatic Injury (CA-1)

New Form | CA-1 | Draft

Step 1C **Witness Statement** Back Continue

This step is optional.
If you have a statement from a witness who was present at the time of the event, you can upload that statement in the next step. Enter the witness information here. If you do not have a witness statement, you can skip this step.

16 Name of Witness: First name | Middle name | Last name

Address: Example: 123 Pleasant Lane, apt. A

City: Example: Fairview State

Date of Witness Statement: MM/DD/YYYY

A witness statement is not required. If a witness statement was made, the witness information can be entered here and the actual statement uploaded into the system to be included with the claim submission.

Filing a CA-1 or CA-2: Employee Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

ECOMP Home | Employee Dashboard | File a Form

ECOMP / Employee Home / CA-1 / Attachments

Signed in as Joe Employee | Sign Out | Account

1) Form CA-1
- A) Employee Basics
- B) Description of Injury
- C) Witness Statement
- D) Attachments
- E) Review

2) Sign & File Form

ECOMP Claim for a Traumatic Injury (CA-1)

New Form CA-1 ✕
Draft

Step 1D **Attachments**

Back | Continue

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

0 documents uploaded so far

Attach New Document...

Delete selected attachment

Have Questions?
View Frequently Asked Questions.

Back | Continue

All documents that the employee wishes to include with their initial claim submission can be uploaded here. This is not the only time that the employee can submit documents to OWCP. It is, however, the only opportunity to initially submit documents with the claim filed through ECOMP.

Filing a CA-1 or CA-2: Employee Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

ECOMP Home | Employee Dashboard | File a Form

ECOMP / Employee Home / CA-1 / Review

Signed in as Joe Employee | Sign Out | Account

1) Form CA-1
- A) Employee Basics
- B) Description of Injury
- C) Witness Statement
- D) Attachments
- E) Review

2) Sign & File Form

Actions
- Save Progress for Later
- Cancel This Form

Help
- DOL's Privacy Policy

ECOMP Claim for a Traumatic Injury (CA-1)

New Form | CA-1 | Draft

Step 1E Review

Back | Continue

Review this information carefully before continuing.

Your Name	George Revenaugh
Employee email	revenaugh.timothy@dol.gov
Government organization	DEPARTMENT OF STATE BUREAU OF ADMINISTRATION PER-ER-EP 2401 E STREET, NW, ROOM H-236 SA-1 WASHINGTON, DC 20522
Reviewer	revenaugh.timothy@dol.gov
Social security number	*****6789
Date of birth / sex	07/03/1975 / Male
Home telephone	(904) 366-0214
Grade / step as of last injury	13 / 5
Home mailing address	400 West Bay Street Jacksonville FL 322
Dependents	Wife, Husband, Children under 18 years
Place where injury occurred	DOL OWCP JAX 8th Floor
Address where injury occurred	400 West Bay Street Jacksonville FL 322
Date injury occurred	11/27/2012 08:00 am
Date of this notice	
Employee's occupation	Analyst
Cause of injury	Moving equipment 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

When the employee has completed filling in the required information they will be allowed the opportunity to review the information entered. If information needs to be changed the employee can go back and change it.
If a required field is missing, a notification will appear on the screen.

Filing a CA-1 or CA-2: Employee Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

ECOMP Home | Employee Dashboard | File a Form

ECOMP / Employee Home / CA-1 / Sign & File Form

Signed in as Joe Employee | Sign Out | Account

1) Form CA-1
- A) Employee Basics
- B) Description of Injury
- C) Witness Statement
- D) Attachments
- E) Review

2) Sign & File Form

Actions
- Save Progress for Later
- Cancel This Form

Help
- DOL's Privacy Policy

ECOMP Claim for a Traumatic Injury (CA-1)

New Form | CA-1 | Draft

Step 2 Sign & File Form

Submitting this form is considered the same as signing it.

15 I certify, under penalty of law, that the injury described above was sustained in p
States Government and that it was not caused by my willful misconduct, intent t
intoxication.

I hereby claim medical treatment, if needed, and the following, as checked be

☑ a. Continuation of regular pay (COP) not to exceed 45 days and compe
beyond 45 days. If my claim is denied, I understand that the continua
annual leave, or be deemed an overpayment within the meaning of s

☐ b. Sick and/or Annual Leave

I hereby authorize any physician or hospital (or any other person, institution, co
desired information to the U.S. Department of Labor, Office of Workers' Compe
This authorization also permits any official representative of the Office to exami

Back | Sign & File Form

The last step in the process is to **sign the form and file**. **A hard copy form with the employee's and supervisor's signature is required to be maintained by the agency**. Obtaining the signatures on the hard copy form will not delay the electronic filing of the claim form.

Filing a CA-1 or CA-2: Employee Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

ECOMP Home | Employee Dashboard | File a Form

ECOMP / Employee Home / CA-1 / Sign & File Form

Signed in as Joe Employee | Sign Out | Account

1) Form CA-1
- A) Employee Basics
- B) Description of Injury
- C) Witness Statement
- D) Attachments
- E) Review

2) Sign & File Form

Actions
- Save Progress for Later
- Cancel This Form

Help
- DOL's Privacy Policy

ECOMP Claim for a Traumatic Injury (CA-1)

New Form | CA-1 | Draft

The employee will then click ***I Agree***

Step 2 Sign & File Form

Submitting this form is considered the same as signing it.

I understand that any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

I Agree | Cancel

Back | Sign & File Form

Filing a CA-1 or CA-2: Employee Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

ECOMP Home | Employee Dashboard | File a Form

ECOMP / Employee Home / CA-1 / Submission Successful

Signed in as Joe Employee | Sign Out | Account

1) Form CA-1
- A) Employee Basics
- B) Description of Injury
- C) Witness Statement
- D) Attachments
- E) Review

2) Sign & File Form

Actions
- Save Progress for Later
- Cancel This Form

Help
- DOL's Privacy Policy

ECOMP Claim for a Traumatic Injury (CA-1)

ECN 104707 CA-1 ✕
Pending review by Supervisor

This form has been forwarded for review

ECN 104707 CA-1 Pending review by Supervisor

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...

An email has been sent to your supervisor's email account at [illegible].gov.

You will receive en[illegible]

Make sure to save [illegible] number).

Next steps
After your claim is reviewed by your supervisor and is received by DFEC, you will receive an email providing a Case Number.
You can use that case number to file a CA-7, claim for compensation.
If you want to check on the status of your claim, visit your employee home page.

The employee then can see the status of the claim. Clicking ***Done*** completes the process

Done

Updated Employee Dashboard

UNITED STATES DEPARTMENT OF LABOR
ECOMP

ECOMP Home | Employee Dashboard | File a Form

ECOMP / Employee Home

Signed in as Joe Employee | Sign Out | Account

Employee Dashboard
- File New Form
- Access Existing Form
- Upload Document to an Existing Case
- Claim Status (CQS)

Create New Form
- Which Form To Use?
- File CA-7 for an existing case

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

Employee Dashboard

You have 2 forms & claims

Each form you file will appear in this list and be assigned a unique ECOMP Control Number. Use the ECN to track the status of your ECOMP forms.

For FECA forms, the ECN will be replaced with a Case Number once the form has been submitted to OWCP. Reference the Case Number in all communications with OWCP regarding your case.

* File an OSHA-301, CA-1 or CA-2

File New CA-7 for a Case Not Listed

ECN 104707 CA-1 — Pending review by Supervisor

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...

ECN 104706 OSHA-301 — Form Filed - R

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 claim has been filed from this form.

The dashboard will now reflect all the forms filed by the employee.

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 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

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

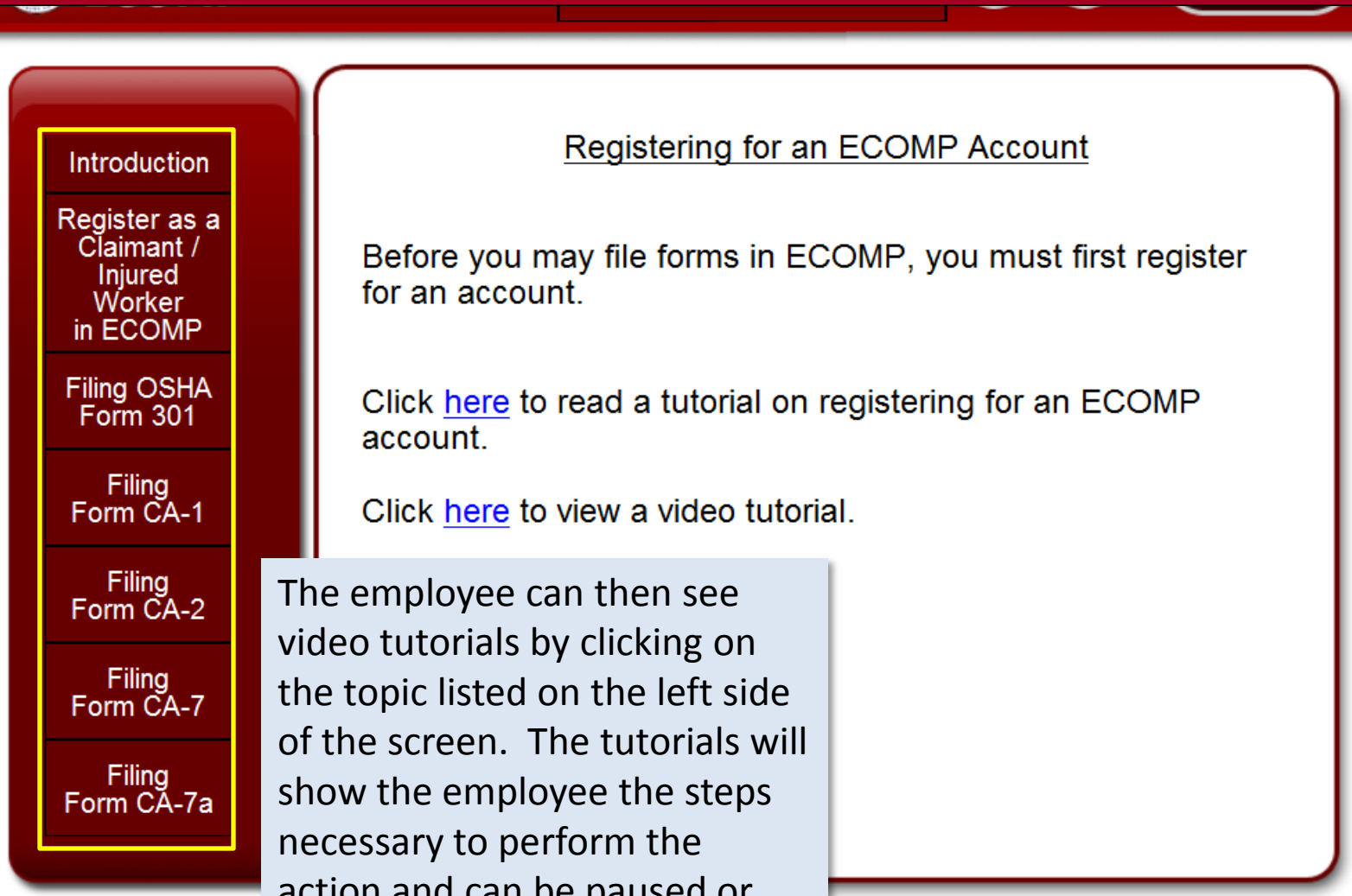
Track status of form

Enter ECN or DCN

Agency Reviewers & OSHA Record Keepers Sign In

Additional training is available for employees. To view this training click on the ***Filing Forms as an Injured Worker*** link on the ECOMP page under the **Help** section.

Additional Training



The employee can then see video tutorials by clicking on the topic listed on the left side of the screen. The tutorials will show the employee the steps necessary to perform the action and can be paused or replayed as necessary.