

# 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 Labor. [Privacy Act](#). If you already have an account you can [Sign In here](#).

**Account Basics**

Employee name (first, middle, last) |  |  |

Home telephone |

Your email address |

Social security number |  |  I am not a US citizen  
Note: This setting changed after you

Confirm SSN |

**Government Organization**

What part of the government were you working for at the time of your injury? [?](#)

Department.....

Agency-Group.....

Agency.....

Duty station.....

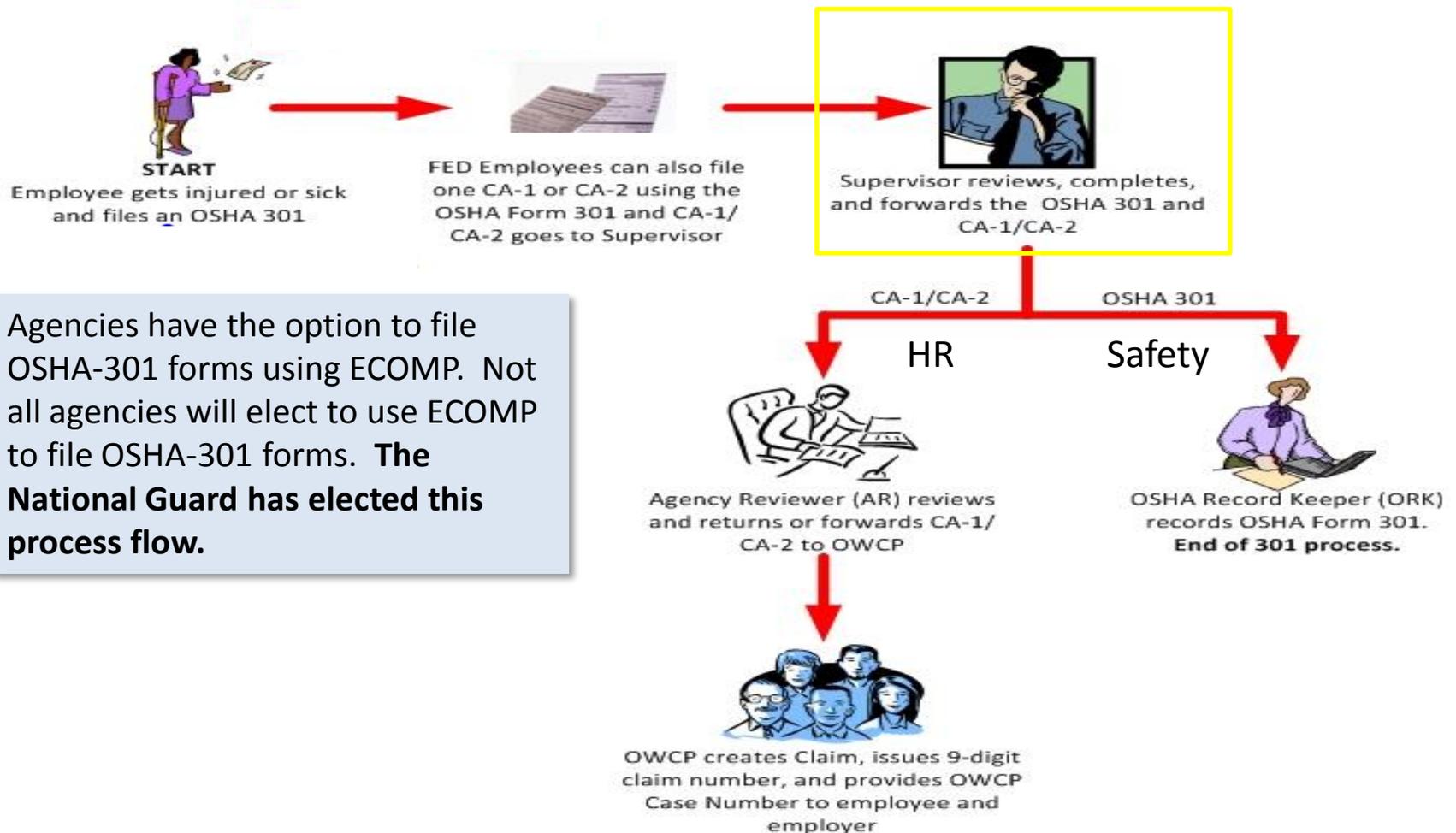
CHCO-HRMS-WORKERS' COMP COOR..  
245 MURRAY LANE, SW, STOP 0175  
WASHINGTON, DC 20528

✔ 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 [?](#) |  @

# ECOMP's Workflow

## The ECOMP Claims Process



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  
To: Revenaugh, Timothy G - OWCP  
Cc:  
Subject: ECOMP: ECN #104706 requires your review

Sent: Tue 11/27/2012 1:41 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=pkbtzy0f4>

-----  
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 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.

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](mailto:uat@ecomp.dol.gov)

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

# Filing an OSHA 301: Email to Supervisor

From: noreplyuat@ecomp.dol.gov  
To: Revenaugh, Timothy G - OWCP  
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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:  
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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 can't find my supervisor"

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

Please direct problems or issues to:  
[uat@ecomp.dol.gov](mailto: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:

<b>ECN 104706</b>	<b>OSHA-301</b>	
Employee	Joe Employee	Date
Organization	BUREAU OF ADMINISTRATION	Initial

**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

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

Your email is reviewed

You work as a supervisor

Yes, I will review

No, I cannot review

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.

## Return Reason



*If you do not review this form, it will be sent to the OSHA Record Keeper.*

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

1 - EMPLOYEE NOT UNDER MY SUPERVISION

2 - INCORRECT EMPLOYING AGENCY

# Filing an OSHA 301 : Supervisor Portion

UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

Supervisor Review [Upload Document](#) SUPERVISOR

Signed in as **Supervisor.j@dol.gov** | [Sign Out](#)

## Supervisor Review

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

<b>ECN 104706</b>	<b>OSHA-301</b>	
Employee	Joe Employee	Da
Organization	BUREAU OF ADMINISTRATION	Ini

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

Your email is **Supervisor.j@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.

**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

# Filing an OSHA 301 : Supervisor Portion

The screenshot shows the ECOMP (Electronic Complaint Management) interface for the Supervisor Review portion of an OSHA 301 form. The header includes the United States Department of Labor logo and the text "UNITED STATES DEPARTMENT OF LABOR ECOMP". Navigation links for "Supervisor Review" and "Upload Document" are visible. The user is signed in as "supervisor" with an email address ending in "@doLgov".

The main content area displays the "Supervisor Review" title and a message: "You have been named by an employee of the US government to review this form." Below this, a form shows the following details:

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

Below the form, instructions state: "You should review this form if both of these are true: Your email is supervisor@doLgov and You work as a supervisor at the DEPARTMENT OF STATE".

A warning dialog box is overlaid on the screen, containing the following text:

**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.

Buttons for "Cancel" and "I Agree" are provided at the bottom of the dialog.

A blue callout box on the right side of the screenshot contains the text: "The system will capture the IP address of the computer used to review the claim as a security measure."

The left sidebar contains a "Help" section with various links such as "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?", and "FAQ".

# Filing an OSHA 301 : Supervisor Portion

The screenshot shows the ECOMP (Electronic Complaint and Reporting) system interface for filing an OSHA Form 301. The header includes the United States Department of Labor logo and the text "UNITED STATES DEPARTMENT OF LABOR ECOMP". The user is logged in as a "SUPERVISOR". The main content area is titled "OSHA Form 301" and shows "Step 1 Form Summary". A callout box states: "To start the review, the supervisor will click on the **Continue** button." The interface includes a sidebar with navigation options: "1) Form Summary", "2) Review OSHA 301", and "3) Reviewer Info & File Form". Under "Actions", there is a link for "Save Progress for Later". Under "Help", there is a link for "DOL's Privacy Policy". The main form displays the following information:

Claimant:	Joe Employee	ECN:	104706
Email:	Joe.employee@gmail.com	Date of event:	11/27/2012
		Filed:	11/27/2012
		Supervisor:	Supervisor @dol.gov
		Agency:	BUREAU OF ADMINISTRATION

There are two green "Continue" buttons: one at the top right of the form summary section and one at the bottom right of the page.

# 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 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	*****
Date hired	04/01/1998
Sex	Male
Job title	Administrative Officer
Home mailing address	***** ** ****
Name of physician or health care professional (first, middle, last)	<input type="text"/> <input type="text"/> <input type="text"/>
Place where event occurred	DOL OWCP JAX 8th Floor 400 West Bay Street Jacksonville FL 32
Was treatment given at the worksite?	Yes
If not, where was the treatment given?	<input type="text"/> ( <input type="text"/> <input type="text"/> <input type="text"/>
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   International

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

Date of death

**Work-related consequences**  
Incident resulted in  Days away from work  Job transfer or restriction  None of the above

**Nature of incident**  Injury  Illness

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

Back

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 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

 This form has been forwarded for review

<b>ECN 104706</b>	<b>OSHA-301</b>		
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  
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:  
- 11/27/2012  
Date Filed:  
- 11/27/2012 02:35 PM  
-----

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.

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](mailto:uat@ecomp.dol.gov)

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

# 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:  
- 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 "

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

Please direct problems or issues to:  
[uat@ecomp.dol.gov](mailto: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 Review SUPERVISOR  
[Supervisor Review](#) [Upload Document](#)

## Supervisor Review

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

<b>ECN 104707</b>	<b>CA-1</b>	
Employee	Joe Employee	Date
Organization	BUREAU OF ADMINISTRATION	Initial

**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.

- 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

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

The screenshot shows the ECOMP Supervisor Review interface. At the top, there is a header with the United States Department of Labor logo and the text "UNITED STATES DEPARTMENT OF LABOR ECOMP". On the right side of the header, there are links for "Supervisor Review" and "Upload Document". Below the header, there is a sidebar on the left with a "Help" section containing various links. The main content area displays a "Supervisor Review" section with a table of cases. A text box is overlaid on the table, stating: "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." Below the table, there are two green buttons: "Yes, I will review this form" and "No, I cannot review this form". A yellow "Return Reason" dialog box is open, showing a dropdown menu with three options: "1 - EMPLOYEE NOT UNDER MY SUPERVISION", "2 - INCORRECT EMPLOYING AGENCY", and "3 - RETURN OF FORM REQUESTED BY EMPLOYEE".

UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

Supervisor Review Upload Document

Supervisor Review

Help

- About
- How to File a Form
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- Filing Forms as an Injured Worker
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- Agency Maintenance Help
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- Which Form to Use?
- FAQ

You have 1 case(s) for review.

Employee	Organization	Case Number	Case Status	Case Date
George Kervissavage	BUREAU OF ADMINISTRATION	11272012	Initiated	11/27/2012

**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.**

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

**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 Review [Upload Document](#) SUPERVISOR

Signed in as Supervisor.j@dol.gov | [Sign Out](#)

## Supervisor Review

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

<b>ECN 104706</b>	<b>CA-1</b>	
Employee	Joe Employee	Da
Organization	BUREAU OF ADMINISTRATION	Ini

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

Your email is ..... **Supervisor.j@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.

- 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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- FAQ

# Filing an OSHA 301 : Supervisor Portion

UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

Supervisor Review [Upload Document](#)

Signed in as supervisor [i@dol.gov](#) | [Sign Out](#)

### 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](#) [i@dol.gov](#)  
You work as a supervisor at the **DEPARTMENT OF STATE**

[Yes, I will review this form](#) [No](#)

**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](#)

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

- 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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- Agency Reviewer User Guide
- Agency Maintenance Help
- Intro to the Compensation Process
- Which Form to Use?
- FAQ

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

The screenshot shows the ECOMP Supervisor Review interface. The header includes the United States Department of Labor logo and the text "UNITED STATES DEPARTMENT OF LABOR ECOMP". The page title is "Supervisor Review" and "Upload Document". The user is logged in as "SUPERVISOR".

The main content area is titled "ECOMP Claim for a Traumatic Injury (CA-1)". The current step is "Step 1 Claim Summary". A callout box states: "To start the review, the supervisor will click on the **Continue** button." There are two "Continue" buttons: one at the top right and one at the bottom right.

The left sidebar contains the following navigation items:

- 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

The "Actions" section includes "Save Progress for Later". The "Help" section includes "DOL's Privacy Policy".

The claim details are as follows:

Claimant:	Joe Employee	ECN:	104707
Email:	Joe.employee@gmail.com	Date of event:	11/27/2012
		Filed:	11/27/2012
		Supervisor:	Supervisor @dol.gov
		Agency:	BUREAU OF ADMINISTRATION

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

UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

Supervisor Review SUPERVISOR  
Upload Document  
Signed in as: reynaugh.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 Traumatic

Step 2 **Review CA-1**

**Review this information carefully before**

<i>Your Name</i>	GOVERNMENT ORGANIZATION
<i>Government organization</i>	BU
<i>Reviewer</i>	PE
<i>Social security number</i>	24
<i>Date of birth / sex</i>	WV
<i>Home telephone</i>	re
<i>Grade / step as of last injury</i>	***
<i>Home mailing address</i>	***
<i>Dependents</i>	(9
<i>Place where injury occurred</i>	13
<i>Address where injury occurred</i>	WV
<i>Date injury occurred</i>	DOL Cover Letter - 01/10/12
<i>Date of this notice</i>	400 West Bay Street Jacksonville FL 32204
<i>Employee's occupation</i>	11/27/2012 08:00 am
<i>Cause of injury</i>	11/27/2012
<i>Nature of the injury</i>	Analyst
<i>Witness Name</i>	Moving equipment
<i>Witness Address</i>	I was moving equipment and hurt my back
<i>Date of Witness Statement</i>	back strain
<i>Attachments</i>	

[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 Review [Upload Document](#)

Signed in as [reynaudh.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 Traumatic Injury**

Step 3A **Supervisor Info**

38

Supervisor name

Supervisor title

Office phone   International

17 Agency name and address of reporting office (include city, state, and zip code)

Agency name  OSHA site code

Address   Non-US address

City  State  Zip code

[Back](#) [Continue](#)

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.

# 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 SUPERVISOR  
[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 Traumat**

Step 3B **Employee Basics**

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.

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**  
**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 3C **Injury Details**

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 or 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. 4  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

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.

# 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 Traumatic Injury**

Step 3D **Physician, Witnesses & Remarks**

32 Name and address of physician firm

Name

Address

City

33 First date medical care received

34 Do medical reports show employee injured?  Yes  No

35 Does your knowledge of the facts support the employee's description of the incident?  
 Yes  No Explain why

36 If the employing agency controverted the facts, describe the controversy:

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 Review SUPERVISOR  
[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 Trauma

Step 3E **Attachments**

**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.

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

 [Attach New Document...](#)

[Delete selected attachment](#)

 Have Questions?  
[View Frequently Asked Questions.](#)

 [Click to attach a new document](#)

[Back](#) [Continue](#)

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.

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

UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

Supervisor Review SUPERVISOR  
Upload Document  
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 3F **Review**

Review this information carefully before clicking the **Go to field** button.

Supervisor name	
Supervisor title	
Email & office phone	
Agency name	DOL
OSHA site code	<input type="text"/>
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	<input type="text"/>
Date of injury	11/27/2012
Date notice received	11/27/2012
Date and hour employee stopped work	11/27/2012 <input type="text"/>
Date employee's pay stopped	<input type="text"/>
Date 45 day period began	<input type="text"/>
Date and hour returned to work	<input type="text"/> <input type="text"/>
Injured in performance of duty?	Yes
Misconduct, intoxication, or intent to injure?	No
Injury caused by third party?	No
Third party address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Anatomical location of injury	<input type="text"/>

# 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.

The screenshot shows the 'Supervisor Review' interface for a 'Traumatic Injury (CA-1)' claim. The user is signed in as 'tukenmez.derek@dol.gov'. The claim number is 'ECN 103194' and the status is 'Pending review by Supervisor'. There are two 'Request Resubmission' buttons, one at the top and one at the bottom. The 'Request Resubmission' radio button is selected and highlighted with a red box. Below it, a dropdown menu is open, showing three options: '1 - EMPLOYEE NOT UNDER MY SUPERVISION', '2 - INCORRECT EMPLOYING AGENCY', and '3 - RETURN OF FORM REQUESTED BY EMPLOYEE'. The third option is highlighted in green. The 'Sign & Forward or File' radio button is also visible.

Supervisor Review [Upload Document](#) SUPERVISOR

Signed in as tukenmez.derek@dol.gov | [Sign Out](#)

Traumatic Injury (CA-1) ECN 103194 CA-1  
Pending review by Supervisor

[Back](#) [Request Resubmission](#)

Sign & Forward or File  
 **Request Resubmission**

Why?

Is this form re

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

[Back](#) [Request Resubmission](#)

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

The screenshot displays the ECOMP Supervisor Portion interface for a CA-1 claim. The header includes the United States Department of Labor logo and the text "UNITED STATES DEPARTMENT OF LABOR ECOMP". The main content area is titled "ECOMP Claim for a Traumatic Injury (CA-1)" and shows the claim number "ECN 104707" and status "CA-1 Pending review by Supervisor". The interface is divided into a left sidebar and a main content area. The sidebar contains a navigation menu with the following items: "1) Claim Summary", "2) Review CA-1", "3) CA-1 Supervisor Portion", "4) Sign", "Actions", and "Help". The "4) Sign" item is highlighted. The main content area is titled "Step 4 Sign" and features a "Back" button and a "Sign & Forward" button. The "Action to take" section has two radio button options: "Sign & Forward or File" (which is selected and highlighted with a red box) and "Request Resubmission". Below the "Request Resubmission" option is a "Why?" dropdown menu. The "Event" section has a dropdown menu with the text "Is this form related to one of these events?". At the bottom of the main content area, there is another "Back" button and a "Sign & Forward" button, both of which are highlighted with red boxes. A text box in the upper right corner of the screenshot contains the following text: "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**

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? [dropdown]

**Event**  
Is this form related to one of these events? [dropdown]

Back Sign & Forward

**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

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.

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

The screenshot displays the ECOMP (Employee Complaint) interface for a supervisor reviewing a claim. The top navigation bar includes the United States Department of Labor logo, the ECOMP logo, and the text "SUPERVISOR". The main content area is titled "ECOMP Claim for a Trauma" and shows "Step 4 Sign". A yellow warning dialog box is overlaid on the screen, containing the text: "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." Below this text are two buttons: "I Agree" and "Cancel". A red warning icon is positioned above the dialog box. The background interface shows a sidebar with navigation options: "1) Claim Summary", "2) Review CA-1", "3) CA-1 Supervisor Portion" (with sub-items A-F), and "4) Sign" (highlighted). The "Actions" section includes "Save Progress for Later", and the "Help" section includes "DOL's Privacy Policy".

UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

SUPERVISOR

Supervisor Review Upload Document

ECOMP Claim for a Trauma

Step 4 Sign

Action to take

Event

Pending review by Supervisor

Back Sign & Forward

Back Sign & Forward

**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

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

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

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

**UNITED STATES DEPARTMENT OF LABOR**  
**ECOMP**

**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 Trauma**

**This form has been forwarded for review**

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

<b>ECN 104707</b>	<b>CA-1</b>	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

## Track status of form or document



Enter ECN or DCN

Go!

Additional training can be found on the ECOMP website at [www.ecomp.dol.gov/](http://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



Agency Reviewers & OSHA Record Keepers Sign In

# 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 injury)** if you have received an offer of **CA-7 (Claim for Compensation)**

[File Form](#)

## Track status of form

 Enter ECN or DCN

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

## 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](#)

[Agency Reviewers & OSHA Record Keepers Sign In](#)

# Additional Training



UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

Reviewing Forms  
as a Supervisor



Introduction

Reviewing  
OSHA  
Form 301

Reviewing  
Form CA-1

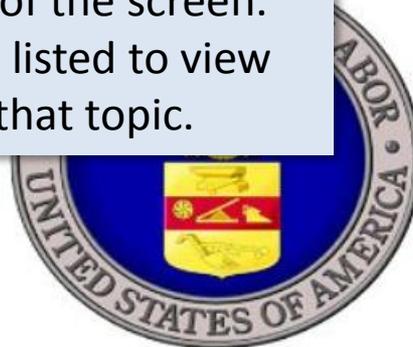
Reviewing  
Form CA-2

Reviewing  
Form CA-7

Reviewing  
Form CA-  
7a

## Reviewing Forms as a Supervisor

The available topics are shown on the left side of the screen. Select any topic listed to view the training on that topic.



*ECOMP User Guide*

# Additional Training



UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

Reviewing Forms  
as a Supervisor



Introduction

Reviewing  
OSHA  
Form 301

Reviewing  
Form CA-1

Reviewing  
Form CA-2

Reviewing  
Form CA-7

Reviewing  
Form CA-  
7a

## Reviewing Form CA-1, Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation

This form is used when an employee is injured on the job. A traumatic injury caused by a specific event or incident, within a single workday. Traumatic injury incidents include: a dog bite and slip and fall.

Click [here](#) to read or print a tutorial on reviewing a CA-1 as a supervisor in ECOMP.

Click [here](#) to view a video tutorial.

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.