

# WORKERS' COMPENSATION SUPERVISORY TRAINING MODULE

**PRESENTED BY:**

**ARMY BENEFITS CENTER-CIVILIAN**

**305 MARSHALL AVE**

**FORT RILEY, KS 66442**

# GOALS OF THIS TRAINING MODULE

- Understand the basics of Workers' Compensation under the Federal Employee's Compensation Act (FECA)
  - Types of benefits
  - Process for submission of a claim
- Understand the Supervisor's role and the process steps to take when a worker reports an injury or illness
- Identify potential fraudulent/illegitimate claims
- Understand the importance of communicating with the injured worker
- Identify duties for injured workers with physical limitations
- Understand how ECOMP- The Employees' Compensation Operations & Management Portal is used to file a claim

# ABC-C Injury Compensation Branch Civilian Personnel Advisory Centers

- ▶ The ABC-ICB will provide advisory and case management services to injured workers and their managers to include:
  - ▶ operational guidance to managers and employees concerning their responsibilities within the injury compensation program;
  - ▶ reviewing, processing and submitting initial claims;
  - ▶ tracking pending and approved claims including Continuation of Pay (COP) related cases to ensure compliance;
  - ▶ receive, review, approve and monitor leave buy back requests;
  - ▶ monitor approved claims and medical evidence.
- ▶ The Civilian Personnel Advisory Centers, in coordination with the ABC-C ICB, will continue to assist management with accommodations and returning injured employees to work.

# WORKERS' COMPENSATION BASICS

# FREQUENTLY USED FORMS

- CA-1: Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation
- CA-2: Notice of Occupational Disease and Claim for Compensation
- CA-2A: Notice of Recurrence
- CA-7: Claim for Compensation
- CA7a: Time Analysis Form
- CA-16: Authorization for Examination And/or Treatment

# FREQUENTLY USED FORMS (cont)

- CA-17: Duty Status Report
- CA-20: Attending Physician's Report
- CA-35: Evidence Required in Support of a Claim for Occupational Disease
- Forms can be found at: <https://www.abc.army.mil/index.html>

# FREQUENTLY USED TERMS

- CBY: Chargeback Year (July-June)
- COP: Continuation of Pay
- POD: Performance of Duty
- PR: Periodic Rolls- temporary totally disabled
- PN: Periodic Roll – totally disabled with no reemployment potential
- ICS: Injury Compensation Specialist
- RTW: Return to Work

# TRAUMATIC VS. OCCUPATIONAL INJURIES

- Before reviewing the CA-1 or CA-2 submitted through ECOMP, the Supervisor should understand the difference between traumatic and occupational injuries.
  - Traumatic Injuries are submitted using a CA-1
    - Traumatic injuries occur within one work shift
    - Identifiable as to a time and place of occurrence
    - Caused by a specific event or incident or series of events (cuts, falls, broken bones, etc)
    - Entitled to an Authorization for Examine and/or Treatment (*request CA-16*)
    - Entitled to Continuation of Pay (COP)

# TRAUMATIC VS. OCCUPATIONAL INJURIES (cont)

- Occupational Injuries/Illnesses are submitted using a CA-2
  - These injuries/illnesses develop over the course of more than one work shift/day. *(Common examples of occupational injuries/illnesses are hearing loss, carpal tunnel, and lateral epicondylitis (Tennis Elbow))*
  - Produced by continued or repeated exposure to work environments or elements
  - Repetitive work activities/movements
  - Not entitled to an Authorization for Examine and/or Treatment (CA16) or COP
  - Supervisor and injured worker must submit form CA-35
  - Must use leave and private insurance until DOL approves claim
    - Could take several months for Department of Labor to adjudicate

# WHO IS INVOLVED WHEN AN EMPLOYEE FILES A WORK RELATED INJURY CLAIM?

- For each claim, the Workers Compensation process may involve numerous parties, including:
  - Injured worker (claimant)
  - Injured worker's supervisor
  - Army Benefits Center Injury Compensation Specialist (ABC-C ICS)
  - Department of Labor (DOL) Claims Examiner (CE)
  - Treating Physician
  - Local Safety Office and Industrial Hygiene Office
  - Agency medical service/facility (Occupational Health)
  - Affiliated Computer Services (ACS) – Billing arm of DOL
  - Activity Investigative Service
  - Department of Defense (DOD) Liaisons
  - Vocational Rehabilitation counselors (If Assigned)
  - Nurse case manager (If Assigned)

# BASIC TYPES OF BENEFITS

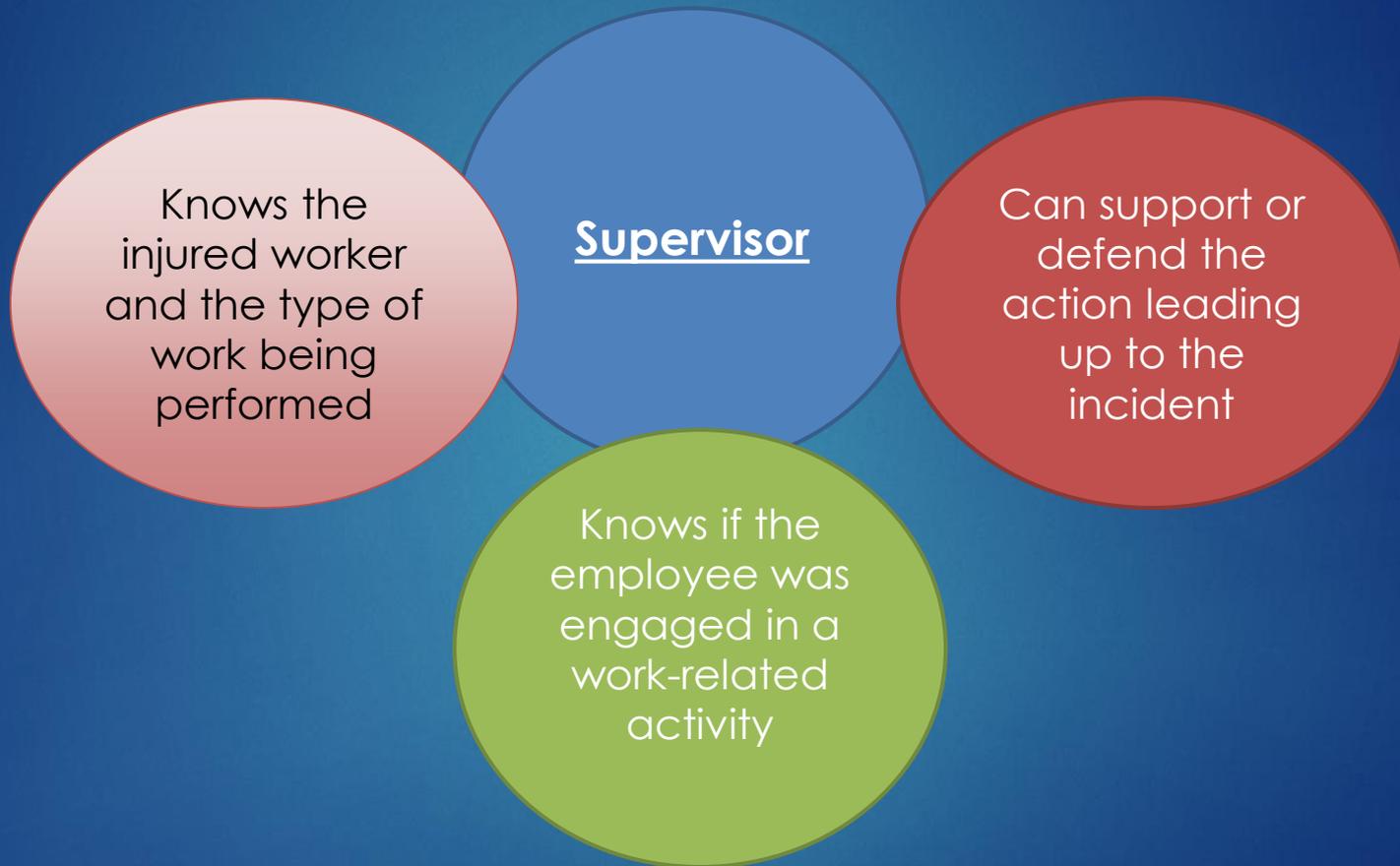
- Medical benefits (including transportation expenses)
- Continuation of Pay (COP) (up to 45 days)
- Wage loss compensation (CA7)
- Retention rights (1 year)
- Schedule awards
- Vocational rehabilitation
- Survivor benefits if employee dies as a result of injury

# COST OF WORKERS COMPENSATION

- CBY July 2014 through June 2015
  - 10,080 new claims were filed
- Workers' Compensation cases have cost the Army nearly \$118 million
  - A significant number of cases contributing to these costs are due to "aged cases," those cases where the injured worker never returned to work
  - Injured workers may receive compensation benefits for the rest of their lives which in turn creates continued costs to the Agency

# SUPERVISOR RESPONSIBILITIES

# Supervisors are the most important link to workers' compensation



# SUPERVISOR RESPONSIBILITIES

- First level supervisors will:
  - Enforce all safety and health regulations
  - Provide prompt medical attention and caring support to the injured/ill worker
  - Report all injuries and illnesses immediately to ABC-C and complete all required documentation
  - Ensure employees know when and how to report traumatic injuries and occupational illnesses
  - Review employee ECOMP submitted claims. Complete the Supervisors portion

# SUPERVISOR RESPONSIBILITIES (cont)

- Know when to submit a Request for Personnel Action- RPA LWOP- Workers' Compensation
- Code an injured worker's time card appropriately
- Make the decision on whether to controvert COP
- Make the decision to challenge a claim based on individual knowledge and available information
- Maintain contact with the injured worker
- Assist the ICS in identifying positions or duties for light duty job offers

# WHAT A SUPERVISOR SHOULD DO WHEN AN INJURY OCCURS

- Ensure the injured worker seeks medical treatment (*note: supervisor cannot prevent an employee from seeking medical treatment*)
- Inform the employee of their right to elect where they can receive treatment
- Contact ABC-C and request a CA-16 if the injury requires immediate medical attention and claimant is treated at a facility off the installation. If after duty hours, contact ABC-C first business day after the injury. Can be sent to the medical facility within 48 hours.
- Do not block, stop or impede the filing of a claim

# WHAT A SUPERVISOR SHOULD DO WHEN AN INJURY OCCURS (cont)

- Conduct an investigation by examination of the site where the injury occurred and collection of statements by witnesses (if available)
- Report information inconsistent with incident leading up to injury
  - **Report all required OSHA-301 data to the appropriate Safety Office**
- Challenge the claim if there are inconsistencies with the work assigned or if there were false statements, unlikely, or otherwise questionable events that led to the injury or illness.
  - **Complete the Suspicious Claim Form provided by the ABC-C ICS**
- Ensure accuracy of submitted claim from ECOMP, upload any additional documents to support or refute the claim

# WORK SITE INSPECTIONS

- Supervisors can request a work site evaluation be conducted by their local Safety or Industrial Hygiene Office
  - Highly recommended for areas/organizations with a high incidence rate
- Advisable in situations where the employee is claiming an occupational injury (CA-2)
  - For example, if an employee is claiming they developed carpal tunnel as a result of the work they perform, then it may be appropriate to have a safety officer/bio-environmental representative conduct an evaluation to determine if the work station can be reconfigured to mitigate or eliminate future claims

# FRAUD INDICATORS (RED FLAGS)

- Supervisors should contact the ABC-C ICS if there is a belief the worker's injury claim is not legitimate. Some "Red Flags" or fraud indicators a supervisor should be on the lookout for are:
  - Unexplained time delay in reporting the injury or seeking medical care
  - Lack of witnesses to an injury that occurred in an area where it should have been observed
  - The witness supporting the employee's version of the injury frequently serves as a witness for other injuries
  - Injured worker is facing a disciplinary action, RIF, management directed transfer/downgrade

# FRAUD INDICATORS (RED FLAGS) cont.

- Injury occurred in conjunction with a weekend, holiday, or scheduled leave
- Injury occurred after a leave request was denied
- Employee's account of how the injury occurs changes or is inconsistent with the medical evidence
- Employee has discussed with supervisor or co-worker a financial hardship
- Employee has known hobbies that could be the cause of the injury
- Employee abuses leave or consistently carries a low leave balance
- Employee has other outside employment

# CHALLENGING A SUSPICIOUS CLAIM

- Challenge must be based on facts:
  - Being a poor performer is not an adequate reason
- Supervisor's Investigation and notes are crucial
- There is no format or form for a challenge
  - It is simply a narrative write-up of the facts
  - The suspicious claim that isn't challenged may become Army's million-dollar claim in the future
- The Army has only one opportunity to challenge a suspicious claim, and that is before the claim is adjudicated.

# CONTINUATION OF PAY AND LOSS WAGES

# CONTINUATION OF PAY (COP)

- When an employee sustains a traumatic work related injury and files a claim within 30 days of the injury, the employee has an entitlement to COP
  - COP is a period of 45 calendar days (including weekends and holidays) following the traumatic injury
  - Injured worker does not have to use their own leave to recover or seek medical care
  - COP does not deduct from employee's leave balances
  - Paid by the Agency

# TIMECARDS FOR COP

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- Day of injury - document hours missed as LU
- Day after injury - COP begins - document hours missed as LT
- Employee must provide medical evidence showing they are disabled because of the injury within 10 days of requesting COP. If the employee fails to submit the documentation, then the supervisor can stop COP.

# CONTROVERTING COP

➤ Nine reasons to controvert COP:

1. Injury is the result of an occupational disease or illness
2. Employee is a volunteer
3. Employee is not a citizen nor resident of the US or Canada
4. Injury occurred off the employing agency premises and the employee was not engaged in official “off premises” duties
5. Injury was caused by the employee’s willful misconduct, intent to bring about injury or death to self or another person, or intoxication

# CONTROVERTING COP

6. Injury was not reported on a CA-1 within 30 days of the date of injury
7. Work stoppage first occurred more than 45 days after the date of injury
8. Employee first reported the injury after employment was terminated
9. Employee is enrolled in a group covered by special legislation such as Peace Corp, Civil Air Patrol, etc.

# EMPLOYEE REMAINS INCAPACITATED FOLLOWING COP PERIOD

- Employee can request compensation from DOL
  
- There are two options available
  - **Leave without Pay (LWOP-KD)**
    - ▶ SF-52-Request for Personnel Action should be submitted when LWOP continues for 80 continuous hours or more *and* the employee is expected to receive compensation under the provisions of 5 U.S.C. chapter 81, subchapter I (GPPA- CH 15-A, Rule 26 + Note 3)
    - CA7 Form
  
  - **Leave Buy Back (LBB)**
    - Pay continues as usual
    - OPM 71 Leave Form
  
- Receives 75% of their pay with dependents or 66 2/3% if no dependents
  
- Compensation is non-taxable

# RETURN TO WORK (RTW)

# FOLLOWING UP WITH EMPLOYEE

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- It is important for the supervisor to be in contact with the employee after a work related injury has been reported. When an employee is out of work due to an injury, the supervisor should call the injured worker at home and obtain the following information:
  - Limitations the doctor may have placed on the employee
  - Validation of when/if the employee can return to work
  - Whether the employee informed the treating physician about light duty availability
  - Request medical documentation to support time off from work
- ▶ Return to Duty: Submit an SF-52 Request for Personnel Action- Return to Duty to stop the LWOP. (GPPA CH 16-8 Rule 9) This action is imperative to ensure no lapse in pay and/or benefits

# WHAT IF THE INJURED WORKER HAS RESTRICTIONS?

- The injured worker's treating physician may clear the employee for work, but with certain limitations
  - Supervisor must abide by the restrictions
  - If the restrictions are permanent or the supervisor cannot accommodate the temporary restrictions, the job may need to be permanently or temporarily modified to comply with the doctor's orders
  - If the restrictions appear unreasonable, the supervisor should contact the ABC-C ICS to seek further guidance.
  - The ABC-C ICS may request a 2<sup>nd</sup> opinion examination from the Department of Labor

# WHAT IF THE EMPLOYEE RETURNS PART-TIME?

- Employee may submit a completed CA-7 & CA7a for LWOP for loss wages
- The employee can use their own leave for hours not worked with the option to buy their leave back (LBB)
- Validate the employee's choice for leave requested
- Confer with ICS

# WHAT IF THE EMPLOYEE IS UNABLE TO RETURN TO THEIR REGULAR DUTIES?

- Often times an injured worker can perform some level of work
- Supervisor will need to work with the ABC-C ICS to locate a job or create “job duties” that fall within the employee’s capabilities as defined by the Physician
- Remember, the Army is paying the employee’s expenses whether they are working or staying at home. It is better to get some level of productivity out of the employee rather than none at all!

***It is the goal of every supervisor to return the injured worker back to work and minimize workers' compensation costs to the Army***

# RECAP OF THE SUPERVISOR'S ROLE

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- Handle injuries immediately and within guidelines as soon as possible
- Investigate all reports of injury or illness
- Report to the ABC-C ICS all “Red Flags” or potential fraud
- Complete Supervisors portion of claim via ECOMP
- Partner with the ABC-C ICS to get the injured employee back to work!

# ECOMP- Supervisors Roles and Responsibilities

# ECOMP

- ▶ ECOMP is a Department of Labor application that allows Army claimants to file forms CA-1 and CA-2 digitally.
  - ▶ *At this time the CA-7 forms cannot be filed using ECOMP.*
- ▶ ECOMP replaced the EDI method DOD used to file claims in November 2015.
  - ▶ EDI will be shut down in early 2016.

# ECOMP

- ▶ The former EDI system required the employee and supervisor to sit down and file the claim together.
- ▶ ECOMP allows the employee to fill out their portion of the claim form and then send it to their supervisor for further processing. Employee and supervisor no longer have to fill out the claim form together.

# ECOMP

- ▶ The routing for the CA-1/CA-2 forms were set up by the DoD ECOMP administrator according to the organizational structure identified in the employee's human resource official record.
- ▶ As the supervisor this will be invisible to you and you do not have to determine where the claims should be sent. ***However, it is important that you validate the Organization, Installation and Servicing CPAC chosen by the employee.***
  - ▶ Ensure this information is pulled from the SF-50

# 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

## 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 register.

Confirm SSN

### 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, GRANT AND EMERGENCY MANAGEMENT

Duty station..... CHCO-HRMS-WORKERS' COMP COORDINATOR

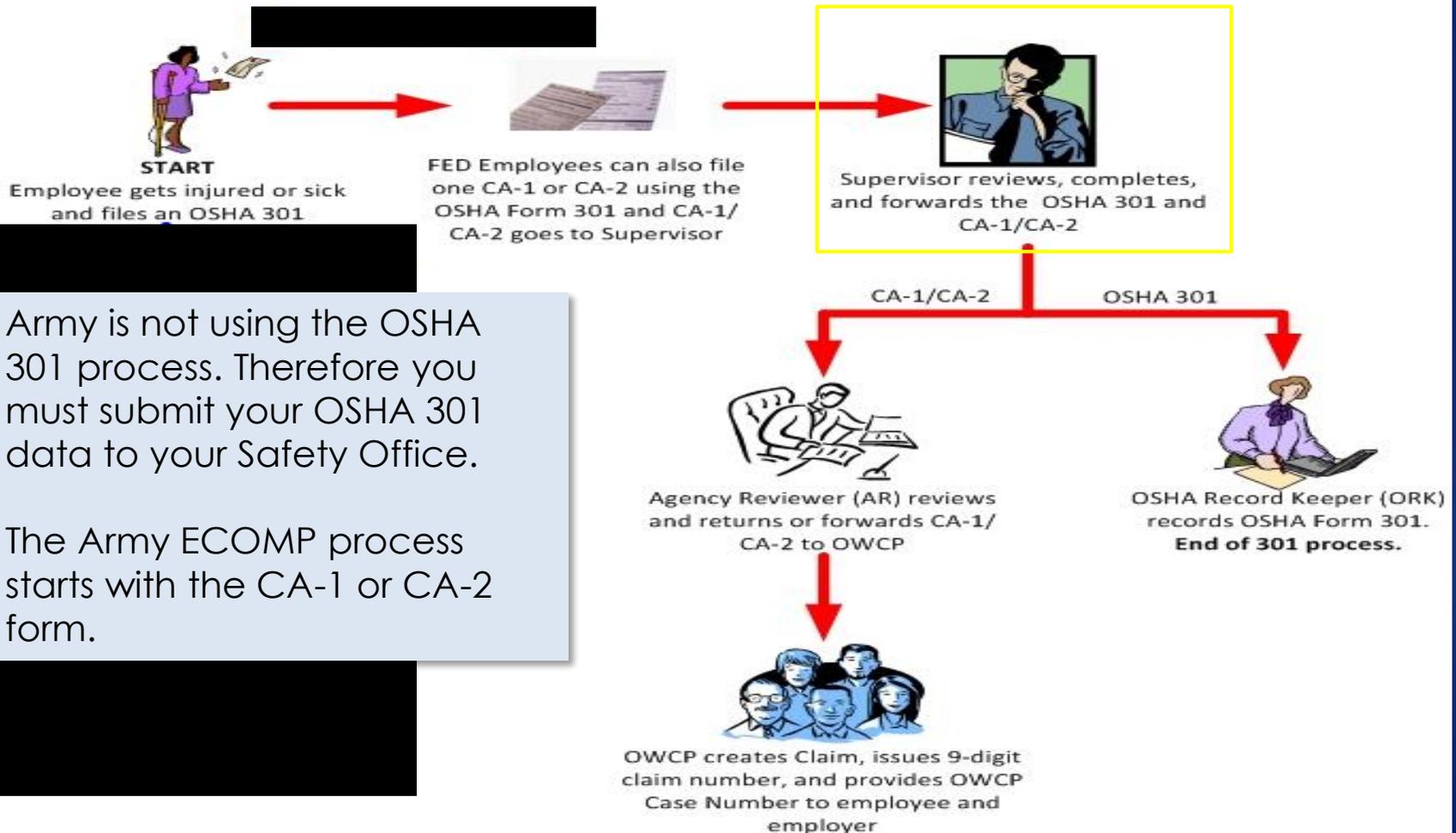
You can file forms OSHA-301, CA-1, CA-2, CA-7 and CA-7a for this ECOMP

Immediate supervisor's email [?](#)  @

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

# ECOMP's Workflow

## The ECOMP Claims Process



Army is not using the OSHA 301 process. Therefore you must submit your OSHA 301 data to your Safety Office.

The Army ECOMP process starts with the CA-1 or CA-2 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  
-----

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]

Once the employee completes the CA-1 or CA-2 form, you will receive a notification email alerting you that a form is awaiting your review. As a Supervisor, this is the first step in the process for you.

# 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  
-----

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

**If the screen is only showing half of a document, ensure the Zoom feature is set to 100%!!!!**

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

Supervisor Review SUPERVISOR  
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	<b>Joe Employee</b>	Date
Organization	<b>BUREAU OF ADMINISTRATION</b>	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 you to ECOMP. If the employee sends the form to the incorrect supervisor or selects an incorrect agency\* when filing the form, you can return the form to the employee by selecting the **No, I cannot review this form** button at the bottom of the screen.

**\*Note: if the incorrect organization is selected, the employee must delete their claim and reinitiate with the correct organization!!**

**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 a CA-1 or CA-2: Supervisor Portion

The screenshot shows the ECOMP Supervisor Review interface. At the top left is the ECOMP logo and the text "UNITED STATES DEPARTMENT OF LABOR". On the right, there are links for "Supervisor Review" and "Upload Document", and a "SUPERVISOR" label. A left sidebar contains a "Supervisor Review" section and a "Help" section with various links. The main content area has a "Supervisor Review" heading and a text box containing the instruction: "You will then select a reason why the form cannot be reviewed. A notification will be sent to the employee and the Agency Injury Comp Specialist (ICS) informing them that you cannot review the form and the reason why." Below this, 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, displaying the text: "If you do not review this form, it will be returned to the person who filed it." and a warning icon followed by the question "Why are you unable to review this form?". A dropdown menu is open below the question, showing 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

Supervisor Review

Help

- About
- How to File a Form
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- 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

You will then select a reason why the form cannot be reviewed. A notification will be sent to the employee and the Agency Injury Comp Specialist (ICS) informing them that you 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 a CA-1 or CA-2: Supervisor Portion

The screenshot shows the ECOMP Supervisor Review interface. The top navigation bar includes the United States Department of Labor logo and the text "UNITED STATES DEPARTMENT OF LABOR ECOMP". The current page is titled "Supervisor Review" and "Upload Document". The main content area is titled "ECOMP Claim for a Traumatic Injury (CA-1)" and "Step 1 Claim Summary". A callout box points to a green "Continue" button, stating: "To start the review, you will click on the **Continue** button." The interface displays claimant information (Joe Employee, Joe.employee@gmail.c) and event details (ECN 104707, Date of event 11/27/2012, Filed 11/27/2012, Supervisor Supervisor@dol.gov, Agency BUREAU OF ADMINISTRATION). A second green "Continue" button is located at the bottom right of the main content area. The left sidebar contains a navigation menu with sections: "1) Claim Summary", "2) Review CA-1", "3) CA-1 Supervisor Portion" (with sub-items A) Supervisor Info, B) Employee Basics, C) Injury Details, D) Physician, Witnesses & Remarks, E) Attachments, F) Review), "4) Sign", "Actions" (Save Progress for Later), and "Help" (DOL's Privacy Policy).

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 Injury (CA-1)

Step 1 Claim Summary

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

Claimant: Joe Employee  
Email: Joe.employee@gmail.c

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

Continue

Continue

# 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 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>	W
<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>	***
<i>Date injury occurred</i>	W
<i>Date of this notice</i>	D
<i>Employee's occupation</i>	40
<i>Cause of injury</i>	11
<i>Nature of the injury</i>	11
<i>Witness Name</i>	Ar
<i>Witness Address</i>	Moving equipment
<i>Date of Witness Statement</i>	I was moving equipment and hurt my back
<i>Attachments</i>	back strain

[Add/Modify attachments](#)

The information entered by the employee can be viewed by you but cannot be changed. If you notice information that you believe 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 you can annotate areas where you 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](#)

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

## ECOMP Claim for a Traumatic Injury (CA-1)

### Step 3A Supervisor Info

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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](#)

**Actions**

- Save Progress for Later

**Help**

- DOL's Privacy Policy

You will enter information into the claim form. Not all information is required-some information is optional and does not have to be entered, however be as thorough as possible.

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

- ▶ Optional information for the CA-1 form:
  - ▶ OSHA Site Code
  - ▶ Medical care first received date
  - ▶ Date and Time employee stopped work
  - ▶ Pay Rate
  - ▶ Date employee pay stopped
  - ▶ Remarks
  - ▶ 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

# 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 3B **Employee Basic**

a Employee occupation code

b Type code

c Source code

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

Does employee work a regular schedule?  Yes  No

20 Regular work hours From  To  ?

21 Regular work schedule  Sun  Mon  Tue  Wed  Thu  Fri  Sat

22 Date of injury

23 Date notice received

24 Date and hour employee stopped work

25 Date employee's pay stopped

26 Date 45 day period began

27 Date and hour returned to work

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

**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 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 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 3D **Physician, Witne**

32 Name and address of physician fir  
Name   
Address   
City

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 you disagree with any information entered by the employee and the employee does not want to change what was entered on the form you 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 you could provide what you 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](#)

[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 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.

You 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.



**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 SUPERVISOR

[Upload Document](#)

Signed in as [revenaugh.timothy@dol.gov](#) | [Sign Out](#)

Finally, once all the information has been entered, 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.

**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.**

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

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



UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

SUPERVISOR

Supervisor Review

Upload Document

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

a 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

If you have discovered an entry by the employee that 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. You 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 you.

You cannot refuse to process the form even if the employee does not change the erroneous information. **EXCEPTION- the employee selects their wrong organization!**

# 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

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

Once you have 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 Compensation) system 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. In the background, the "Action to take" section is visible, and the "Sign & Forward" button is highlighted in green. The left sidebar shows a progress list with steps 1) Claim Summary, 2) Review CA-1, 3) CA-1 Supervisor Portion (with sub-steps A-F), and 4) Sign. 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

# 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

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

This form has been forwarded for review

<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

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

Once the form is submitted to the agency for review, the agency will then take the following steps.

- Review the claim for accuracy.
- Fill out any missing portions or portions that need to be corrected.
- Forward to Department of Labor
- Send a hard copy back to the supervisor to obtain the “wet signatures” of the employee, any witnesses and him/ herself to be sent back to the Army Benefits Center – Civilian via **United States Postal Service** to the address below.
- Army Benefits Center – Civilian  
Injury/Unemployment Compensation Branch  
305 Marshall Ave  
Fort Riley, KS 66442

# 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 injury)**. If 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.

## Need help?

You can use active FECA medical reports. You will and other are.

## Medical

Some 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

## Welcome to ECOMP

The Employees' Compensation Operations & Management Portal



### 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 official diagnosis of a traumatic injury or **CA-7 (Claim for Compensation)** for other injuries.

[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?

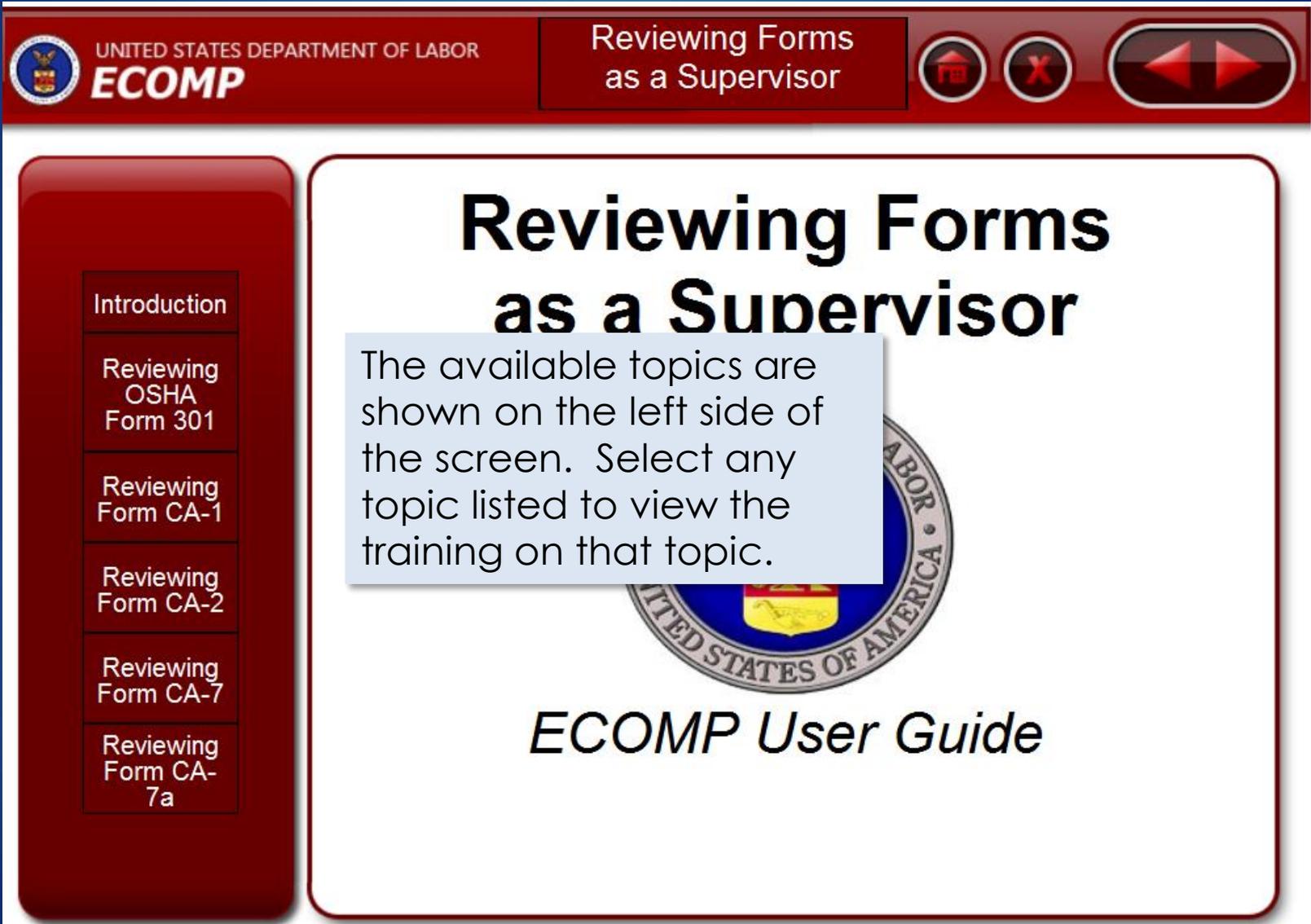
Stakeholders and interested parties can use ECOMP to upload documents to active FECA cases. You can upload letters, medical reports and other supporting documentation. You will need the official FECA Case Number and other identifying information to use this feature.

**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



The screenshot shows a web-based training interface. At the top left is the ECOMP logo with the text 'UNITED STATES DEPARTMENT OF LABOR'. To its right is a title box containing 'Reviewing Forms as a Supervisor'. Further right are navigation icons: a home icon, a close icon, and a double arrow icon. On the left side, a vertical menu lists six topics: 'Introduction', 'Reviewing OSHA Form 301', 'Reviewing Form CA-1', 'Reviewing Form CA-2', 'Reviewing Form CA-7', and 'Reviewing Form CA-7a'. The main content area features the title 'Reviewing Forms as a Supervisor' in large bold text, a text box with instructions, a circular seal of the Department of Labor, and the text 'ECOMP User Guide'.

UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

Reviewing Forms  
as a Supervisor

Introduction

Reviewing  
OSHA  
Form 301

Reviewing  
Form CA-1

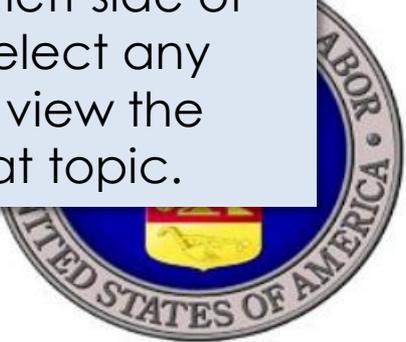
Reviewing  
Form CA-2

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 employer reports a traumatic injury on the job. A traumatic injury is an injury caused by a specific event or incident, within a single workday. Examples of traumatic injury include: a dog bite, a slip and fall.

Click [here](#) to read or print a tutorial for 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.

QUESTIONS?

# CONTACT INFORMATION

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## **Army Benefits Center – Civilian**

305 Marshall Avenue  
Fort Riley, KS 66442

## **Hours of Operation**

0700 – 1700 CST

## **Phone Number's**

866-792-7620- Phone  
785-239-1489 – Fax

## **Email**

[usarmy.riley.chra-hqs.mbx.abcc-ic-inquiry@mail.mil](mailto:usarmy.riley.chra-hqs.mbx.abcc-ic-inquiry@mail.mil)

## **Website**

<https://www.abc.army.mil/HR/InjuryCompensation.html>

# Additional References

- When Injured at Work Information Guide for Federal Employees
  - <http://www.dol.gov/regs/compliance/owcp/ca-11.htm>.
- CA-1 and CA-2 Forms Link
  - <http://www.dol.gov/regs/compliance/owcp/forms.htm>
- Injury and Unemployment Compensation Branch-DCPAS
  - <https://dodhrinfo.cpms.osd.mil/Directorates/HROPS/Benefits-and-Worklife/Injury-and-Unemployment-Compensation/Pages/Home1.aspx>
- Workers' Compensation for Supervisors
  - <http://media.cpms.osd.mil/icuc/SupervisorTraining/index.html>

# Policy and Resources

- ▶ Federal Employees' Compensation Act
  - ▶ [5 USC 8101 et seq](#)
- ▶ 20 C.F.R Title 20, Chapter I -- Office of Workers Compensation Programs
  - ▶ [Part 1 - Performance of Functions Under this Chapter](#)
  - ▶ [Part 10 - Claims for Compensation under the Federal Employees' Compensation Act](#)
  - ▶ [Part 25 -- Compensation for disability and death of noncitizen Federal Employees outside the United States.](#)

# Policy and Resources

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- ▶ Department of Defense (DOD) Memoranda and Instructions
  - ▶ [Sep 24, 2007, DSD \(P&R\) Memo, Policy Guidance for Provision of Medical Care to DOD Civilian Employees Injured or Wounded While Forward Deployed in Support of Hostilities](#)
  - ▶ [Mar 5, 1997, ASD Memo, Policy for Billing Occupational Health or Workers' Compensation Cases for DOD Employees in Military Treatment Facilities](#)
  - ▶ [DOD Instruction 1400.25-V810](#)
- ▶ OWCP Reference
  - ▶ [CA-810 Handbook](#)

# Policy and Resources

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- ▶ Implementing Guidance for Workers' Compensation
  - ▶ <http://cpol.army.mil/library/benefits/acwci/>
- ▶ GPPA- Guide to Processing Personnel Actions (LWOP-CH 15-A, Rule 26 + Note 3) (RTD-GPPA CH 16-8 Rule 9)
  - ▶ <https://www.opm.gov/policy-data-oversight/data-analysis-documentation/personnel-documentation/#url=Processing-Personnel-Actions>