

**DEPARTMENT OF THE ARMY**  
**Southwestern Division, U.S. Army Corps of Engineers**  
**Dallas, Texas 75242**

**SWD Regulation**  
**2000**  
**690-1-810**

**29 September**

**Human Resources**

**WORKERS' COMPENSATION FOR DISABILITY AND DEATH**

- 1. Purpose.** This memorandum establishes responsibility and guidance for reporting all injuries and/or deaths sustained by employees while performing their duties, as covered under the Federal Employees' Compensation Act (FECA).
- 2. Applicability.** This regulation applies to all employees of the Southwestern Division Corps of Engineers, the U.S. Army Recruiting Battalion (Dallas) and the Military Entrance Processing Station (Dallas). If the provisions of the local negotiated labor agreement are different than the provisions of this regulation, the negotiated agreement will take precedence.
- 3. References**
  - a. 20 CFR Parts 1-25
  - b. DoD Directive 1400.25
  - c. AR 690-800, Chapter 810.
- 4. Coverage and Eligibility.**
  - a. The Federal Employees' Compensation Act provides compensation and medical care for disability due to personal injuries sustained by employees in the performance of duty and for diseases caused by the employment.
  - b. When travel is required to receive medical care, the injured employee may be furnished transportation or may be reimbursed for travel and incidental expenses under FECA.

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This memorandum hereby rescinds SWFOM 690-1-8, 18 October 1991 and SWLDR 690-1-810, 25 May 1989

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c. The law also provides for the payment of funeral and burial expenses and compensation for the dependents if the injury or disease causes the employee's death.

**5. Administration and Responsibilities.**

a. Employee. An employee is required to give his/her supervisor verbal notice of injury immediately and written notice within two (2) days after an injury in the performance of duty. Compensation may be denied if written notice of injury is not given within 30 days, or if the supervisor does not have actual knowledge of the injury. Burden of proof rests with employee. Therefore, it is the responsibility of the employee to furnish medical evidence and other information as required.

b. Commander. The Commander must ensure that employees are provided safe and healthful work sites; that injury and illness claims receive appropriate attention; and that every effort is made to restore fully and partially recovered employees to duty.

c. FECA Program Administrator. The FECA Program Administrator will coordinate the FECA Program and publicize the program throughout the serviced area so both employees and management are aware of their rights, benefits, and responsibilities. All claims will be reviewed to assure compliance with applicable laws and regulations. Assistance will be provided to both the supervisor and employee as necessary. Cases of suspected fraud will be referred to the proper authority. Feedback reports will be provided to commander and higher headquarters on the numbers of injuries, cost, timeliness of submission, etc.

d. Safety and Occupational Health Office. The Safety and Occupational Health Officer will review all cases to determine if the injury points out unsafe or hazardous conditions. The Human Resources Office records will be compared with injuries reported in the safety program accident reporting data to provide a cross-check of data and to analyze the reason for differences.

e. Supervisor. The responsibilities of the supervisor are as follows:

(1) Obtain or ensure that injured employees receive adequate medical treatment.

(2) Provide the applicable forms to injured employees and complete the supervisors' portion.

(3) Provide documentation to the Customer Service Representative/Payroll Representative certifying sick or annual leave, continuation of pay, leave without pay or absence without leave.

- (4) Inform the FECA Program Administrator and the Safety Officer about the injury as soon as possible.
- (5) Investigate all reports of injury and gather as many facts as possible.
- (6) Controvert traumatic injury claims when appropriate.
- (7) Restore fully recovered and partially restored employees to duty as soon as possible.
- (8) Advise the FECA Program Administrator of cases of suspected fraud.

## **6. Definitions**

a. Physician. Includes surgeons, osteopathic practitioners, podiatrists, dentists, clinical psychologists, and optometrists within the scope of their practice as defined by State law. The term physician includes chiropractors only to the extent that their reimbursable services are limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist, and subject to regulation by Secretary of Labor. Naturopath, faith healers, and other practitioners of the healing arts are not recognized as physicians within the meaning of the law.

### b. Traumatic Injury.

- (1) A traumatic injury is defined as caused by external forces including physical stress and strain.
- (2) The injury should be identifiable as to time and place of occurrence and a member or function of the body affected.
- (3) Further, it must be caused by a specific event or incident or series of events or incidents within a single work shift or during anytime while on TDY away from the duty station. It is this last criterion which sets apart a traumatic injury from an occupational disease.

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c. Occupational Disease. An occupational disease is defined as being produced by system infections, continued or repeated stress or strain, exposure to toxins, poison fumes, etc., in the work environment over a long period of time. In order to qualify as a disease, the injury must be caused by exposure or activities on at least two days.

d. Continuation of Pay. Continuation of pay is the continuation of an employee's regular pay by the employing agency with no charge to sick or annual leave. It is only given in traumatic injury cases and is given for a maximum of 45 calendar days. In order to qualify for Continuation of Pay, the employee must file a written notice (CA-1) of the claim within 30 days of the date of injury and furnish medical reports to support the claim.

e. Recurrence. A recurrence of an injury (either traumatic or occupational disease) is defined as occurring when the same injury causes additional time loss from the job.

f. Controversion of Continuation of Pay. Controversion is the option of the employee's supervisor to oppose continuation of pay, generally on the basis of at least one of the nine categories specified in 9b(4). It is important to note that the supervisor may only oppose continuation of pay; the Office of Workers' Compensation Programs makes the final determination for eligibility.

**7. Procedures.**

a. Traumatic Injury Cases. The supervisor's primary duty is to see that adequate medical treatment is provided immediately when an injury occurs. If a dispensary, clinic, hospital, or emergency room is maintained at the activity, the employee should immediately be referred there for examination. The employee must, however, also be given every chance to be examined and treated by a hospital or private doctor in the area. Generally, the area is defined as within 25 miles of the employing establishment or the employee's home.

(1) Upon receiving notice that an employee has sustained a job-related traumatic injury and requires medical attention, the supervisor will issue the following to the medical facility.

(a) Form CA- 16, Request for Examination and/or Treatment, with Part A completed.

(b) Form CA-17, Duty Status Report, with Part A completed.

(c) HCFA-1500, Health Insurance Claim Form.

(d) A copy of injured employee's job description.

(e) Pre-addressed envelope to:

US Army Engineer Division, Southwestern  
ATTN: CESWD-HR  
P.O. Box 17300  
Fort Worth, TX 76102-0300

(f) A copy of cover letter. (Appendix A for private doctor or Appendix B for Army doctor.)

(2) The supervisor will provide to the employee a Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, for reporting the injury. Upon receipt of the completed form, the supervisor will return to the employee the Receipt of Notice of Injury, which is attached to the CA-1.

(3) Advise the employee of the right to elect continuation of regular pay for up to 45 calendar days or use annual or sick leave if the injury is disabling.

(4) The supervisor will inform the employee whether continuation of pay will be controverted, and the basis of the action.

(5) The original CA-1 fully completed by both employee and supervisor should be submitted to the Safety and Occupational Health Office within two workdays following the supervisor's receipt of the form from the employee. Also, a copy of the CA-16, which was provided to the treating physician will be submitted along with any other available information relating to the injury. The CA-1 will be forwarded to the Human Resources Office (CESWD-HR) after review by the Safety Officer.

(6) The supervisor will complete an ENG Form 3394, US Army Corps of Engineers Investigation Report, if the injury pertains to a Corps of Engineers employee; or, for employees of other serviced activities, a DA Form 285, US Army Accident Investigation Report.

b. Occupational Disease Cases. The supervisor will:

(1) Provide to the employee a Form CA-2, Federal Employees Notice of

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Occupational Disease and Claim for Compensation, for reporting the Occupational disease and upon receipt of the completed form, return to the employee the Receipt of Notice of Disease or Illness which is attached to the CA-2.

(2) Advise the employee to furnish supporting medical and factual information requested on the Instruction Sheet attached to the Form CA-2.

(3) Advise the employee of the right to elect sick or annual leave, pending adjudication of the claim by OWCP (Note: Continuation of regular pay for 45 days is not allowable for occupational disease cases.)

(4) Forward the completed CA-2 and supporting information required to the Human Resources Office, CESWD-HR.

(5) Submit an ENG Form 3394 or DA 285 to the appropriate Safety and Occupational Health Office as is required in traumatic injury cases.

c. **Duty Status Report.** The injured employee will be required to submit a Form CA-17 (signed by the doctor) to their supervisor with a copy to the FECA Program Administrator at least every 2 weeks while they are receiving compensation or continuation of pay. The CA-17 can be used at any time to request information from a physician, particularly with regard to the employee's ability to return to work and any medical restrictions that may be involved.

d. **Return To Duty.** Form CA-3, Report of Termination of Disability and/or Payment, must be completed by the supervisor immediately when the injured employee returns to work or disability ceases. The supervisor will forward the CA-3 to the Human Resources Office, CESWD-HR.

e. **Recurrence of Disability.** The supervisor is required to notify the Human Resources Office if, after an employee returns to work, the same injury causes any additional work stoppage and forward a completed CA-2a, Notice of Employees' Recurrence of Disability and Claim for Pay/Compensation to CESWD-HR.

**8. Designated Officials.** The Southwestern Division, Human Resources Officer is the "designated official" responsible for assuring that the obligations under the Federal Employees' Compensation Act and governing regulations are promptly and efficiently discharged and has appointed an employee of the Human Resources Office as the FECA Program Administrator.

## **9. Benefits**

a. **Medical Care.** An injured employee is entitled to first aid and medical care for an injury, including hospital care when needed. The medical care is to be provided by any duly qualified local physician or hospital of the employee's choice. The injured employee may claim reimbursement for medical expenses by submitting properly itemized and receipted bills to the Human Resources Office which will forward them to the OWCP. All medical expenses must be fully supported by medical reports.

### **b. Continuation of Pay-Traumatic Injury.**

(1) An employee who sustains a disabling, job-related traumatic injury is entitled to continuation of regular pay for a period not to exceed 45 calendar days from the date of injury. However, in no event shall this be construed as requiring continuation of a person's employment beyond the date it would have been terminated had the employee not been injured. The employee continues in a pay status for the day on which the injury occurs with no charge to the 45-day period from the date of injury. The 45 day period of continuation pay starts the first full day after the disability occurs. If the employee stops work for a portion of a day (other than the day of injury), that day will be charged as one calendar day against the 45-day period. Pay is subject to income tax, retirement, and other deductions.

(2) Continuation of pay will be charged for light duty assignments only when there has been a formal assignment to an established job which is normally paid at a lower salary and would otherwise result in loss of income to the employee. Continuation of Pay must be charged against the employee's 45-day entitlement when, due to the effects of the injury upon the employee;

(a) A personnel action (Standard Form 50) has been taken to assign or detail the employee to an established job which is classified at a lower salary level than that earned by the employee when injured;

(b) A personnel action has been taken to change the employee to a lower grade, or to a lower rate of basic pay; or

(c) A personnel action has been taken to change the employee to a different schedule of work which results in loss of salary or premium pay (e.g., Sunday pay or night differential) authorized for the employee's normal administrative workweek. The employee must be furnished with documentation of the personnel action prior to the effective date of the action.

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(d) OWCP has determined that if the employee performs work of a limited or light duty nature in the absence of documentation of a personnel action as described above, continuation of pay will not be chargeable. Therefore, OWCP must be provided a copy of the personnel action on Standard Form 50 and a copy of the position description for the light duty job, in addition to documentation that the employee was found unable to perform the duties of their regular job.

(e) Return to work on a light duty reassignment or detail is to be reported to OWCP on Form CA-3, with the new assignment or detail reflected at Item 10 through 14 and 18 through 21. If the employee worked at a lower paying job but received full pay for their normal job, the difference between the employee's pay and the pay for the light duty will be shown at Item 19 of Form CA-3 as the gross dollar amount of continuation of pay. Item 19 should be altered by the reporting official to make it clear that the amount shown is the difference between the pay for the employee's job and the pay for the light duty job during the period reported.

(3) The employing agency will, on the basis of the information submitted by the employee, or obtained on investigation, controvert and stop the employee's pay if the claim falls into one or more of the categories listed in Section 9b(4). In all other cases, the agency may controvert; however, the employee's regular pay will not be interrupted during the 45-day period unless the controversion is sustained by the OWCP. When pay is controverted, the supervisor must either submit a fully documented written justification with the CA-1 or note on the CA-1 that justification will follow.

(4) The agency will controvert and terminate pay only if:

(a) The disability was not caused by a traumatic injury;

(b) The injury occurred off the employing agency's premises and the employee was not involved in official "off premise" duties;

(c) The injury was caused by the employee's willful misconduct, intent to bring about the injury or death of himself/herself or another person, or intoxication;

(d) The injury was not reported on a form approved by OWCP(CA-1) within 30 days of the injury;

(e) Work stoppage first occurred 45 days or more following the injury;

(f) The employee initially reports the injury after their employment has terminated;

(g) The employee is enrolled in the Civil Air Patrol, Peace Corps, Job Corps, Youth Conservation Corps, Work Study Programs, or other similar groups.

(5) Whenever persons listed above are otherwise entitled to compensation, but are excluded from continuation of pay for the 45-day period, their entitlement to FECA compensation payments will begin from the date of pay loss, subject to other applicable sections of the FECA.

(6) The agency may controvert a claim by (1) completing the indicated portion on Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation; and (2) submitting detailed information in support of the controversion to the OWCP.

(7) When pay is continued after the employee stops work because of a disabling injury, it must not be interrupted until:

(a) The agency receives medical information from the attending physician to the effect that the employee is no longer disabled;

(b) The agency receives notification from the OWCP that pay should be terminated; or

(c) The 45-day period has expired.

c. Compensation.

(1) An injured employee is entitled to compensation payable at the rate of 66 2/3 percent of the pay rate established for compensation purposes. He/she may receive 75 percent when there is one or more dependents. Normally there is a three day waiting period, after the 45 days of continuation of pay, before compensation begins for traumatic injury cases. However, if the period of disability lasts over 14 days or if the disability is permanent the employee will receive compensation for the first three days. The Office of Worker's Compensation, Department of Labor, determines the date that compensation starts for employees who are disabled by an

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occupational disease or illness. Compensation may not be paid while an injured employee receives pay for leave. An employee may elect to receive pay for leave, to avoid possible interruption of income, pending action on his/her claim for compensation.. If leave is used and the claim for compensation is subsequently approved, the employee may arrange to buy back the leave used and have it reinstated to his/her account.

(2) A claim for compensation must be completed before payment may be awarded for pay loss or permanent disability. Form CA-7, Claim for Compensation on Account of Traumatic Injury, must be completed by the employee and supervisor when a traumatic injury results in disability continuing beyond 45 days. Form CA-7 must be completed and forwarded to the Human Resources Office (CESWD-HR) not more than 5 workdays following the end of the 45-day period. The CA-7 has the medical report Form CA-20 attached. The Form CA-20 should be carried by the employee, or sent by the supervisor, to the attending physician.

FOR THE COMMANDER:

*//S//*  
Russell H. Minton  
Executive Assistant

3 Appendixes  
APP A Letter to Private Doctor  
APP B Letter to Army Doctor  
APP C Forms

DISTRIBUTION:  
All Southwestern Division Activities  
Military Entrance Processing Station  
Dallas Recruiting Battalion  
SWD CPAC Homepage

**APPENDIX A**

**FORMAT FOR LETTER TO PRIVATE DOCTOR**

Dear Doctor \_\_\_\_\_  
(name of Doctor)

(Name of employee), an employee at (name of activity) has been injured and requires medical attention. The attached Department of Labor Form CA- 16 authorizes examination and/or treatment of this injury under the Federal Employee's Compensation Program. After your examination/treatment of this individual, please complete the enclosed forms.

Form CA-16, when completed by you, will serve as the initial medical report which the Office of Workers' Compensation Program will use to determine the employee's entitlement. If there is any question that the employee's condition was caused or aggravated by the employment activity described, please so indicate in item 19 of the CA-16.

The Form CA-17 is provided to you for two reasons. Item 7. Part A, of this form describes the physical requirements of the employee's current Job. This description, along with the employee's position description, which is also attached, is provided to help you determine how soon the employee can return to his/her current position. If the employee cannot return immediately to his/her current position, there may be available a position of light duty for which the employee is not totally disabled. Item 11 of Part B of the CA-17 is used to determine the employee's ability to perform light duty. If the employee can return to his/her current position immediately, you do not need to complete the CA-17

The HCFA-1500 is used for the payment of fees related to this examination/treatment. Instructions for the completion of this form for Federal employees are attached to the form as OWCP Form 1500a. Please note that bills not submitted on the HCFA-1500 will be returned by the Office of Workers' Compensation Programs.

Please send the original of the CA-16, the HCFA-1500, and a copy of the CA-17 (if completed), to U.S. Army Engineer Division, Southwestern, ATTN: CESWD-HR, P.O. Box 17300, Fort Worth, Texas 76102-0300 in the envelope provided. Send the original of the CA-17 (if completed), and a copy of the CA-16 with Part B completed by your office to ( name of supervisor) in the envelope provided. Your prompt completion of these forms would be very much appreciated.

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If the employee is able to return to duty immediately, or the day following your examination/treatment, either to his/her current position or to a light duty position, please call (name and telephone number of FECA Program Administrator, or name and telephone number of supervisor). You may also call (name of FECA Program Administrator) if you have any question concerning this matter.

Sincerely

3 Encls

**APPENDIX B**

**FORMAT FOR LETTER TO DEPARTMENT OF THE ARMY DOCTOR**

Dear Doctor \_\_\_\_\_  
(name of Doctor)

(Name of employee), an employee at (name of activity) has been injured and requires medical attention. The attached Department of Labor Form CA-16 authorizes examination/treatment of this individual, please complete the enclosed forms.

Form CA-16, when completed by you, will serve as the initial medical report which the Office of Worker's Compensation Programs will, use to determine the employee's entitlement. If there is any question that the employee's condition was caused or aggravated by the employment activity described, please so indicate in item 19 of the CA-16.

The Form CA-17 is provided to you for two reasons. Item 7, Part A. of this form describes the physical requirements of the employee's current position. This description, along with the employee's position description, which is also attached, is provided to help you to determine how soon the employee can return to his/her current position on a regular basis. If the employee cannot return immediately on a regular basis to his/her current position, he/she may be able to perform those duties on a limited basis, or there may be available a position of light duty for which the employee is not totally disabled. Item 11 of Part B of the CA-17 is used to determine the employee's ability to perform light duty. If the employee can return to his/her current position immediately on a regular basis, you do not need to complete the CA-17.

Please send the original of the CA-16 and a copy of the CA- 17 (if completed) to U.S. Army Engineer Division, Southwestern, ATTN: CESWD-HR, P.O. 17300, Fort Worth, Texas 76102-0300 in the envelope provided. Send the original of the CA-17 (if completed) and a copy of the CA-16 with Part B completed by your office to (name of supervisor) in the envelope provided. Your prompt completion of these forms would be very much appreciated.

If the employee is able to return to duty immediately, or the day following your examination/treatment, either to his/her current position or to a light duty position, please call (name and telephone number of FECA Program Administrator, or name and telephone number of supervisor). You may also call (name of FECA Program Administrator) if you have any questions concerning this matter

Sincerely,

2 Encls

## APPENDIX C

### FORMS

1. Supervisors are expected to maintain an adequate supply of the basic forms needed for the proper recording and reporting of injuries.

FORM	TITLE
CA-1	Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation
CA-2	Federal Employee's Notice of Occupational Disease and Claim for Compensation
CA-2a	Notice of Employee's Recurrence of Disability and Claim for Pay/Compensation
CA-7	Claim for Compensation on Account of Traumatic Injury or Occupational Disease
CA-16	Request for Examination and/or Treatment
CA-17	Duty Status Report
CA-20	Attending Physicians Report
HFCA- 1500	Health Insurance Claim Form
UB-92	Uniform Health Insurance Claim Form

2. Name and address of reporting office for all forms is US Army Engineer Division, Southwestern, ATTN: CESWD-HR, P.O. Box 17300, Fort Worth, Texas 76102-0300 (i.e., item 23 on CA-1, item 6 on CA-3).

3. All forms can be downloaded from: <http://www.dol.gov/dol/esa/public/regs/compliance/owcp/forms.htm> except the CA-16 which can be obtained by contacting the FECA Program Administrator in the SWD Civilian Personnel Advisory Center.