

# ECOMP For National Guard Technician Employees

# ECOMP

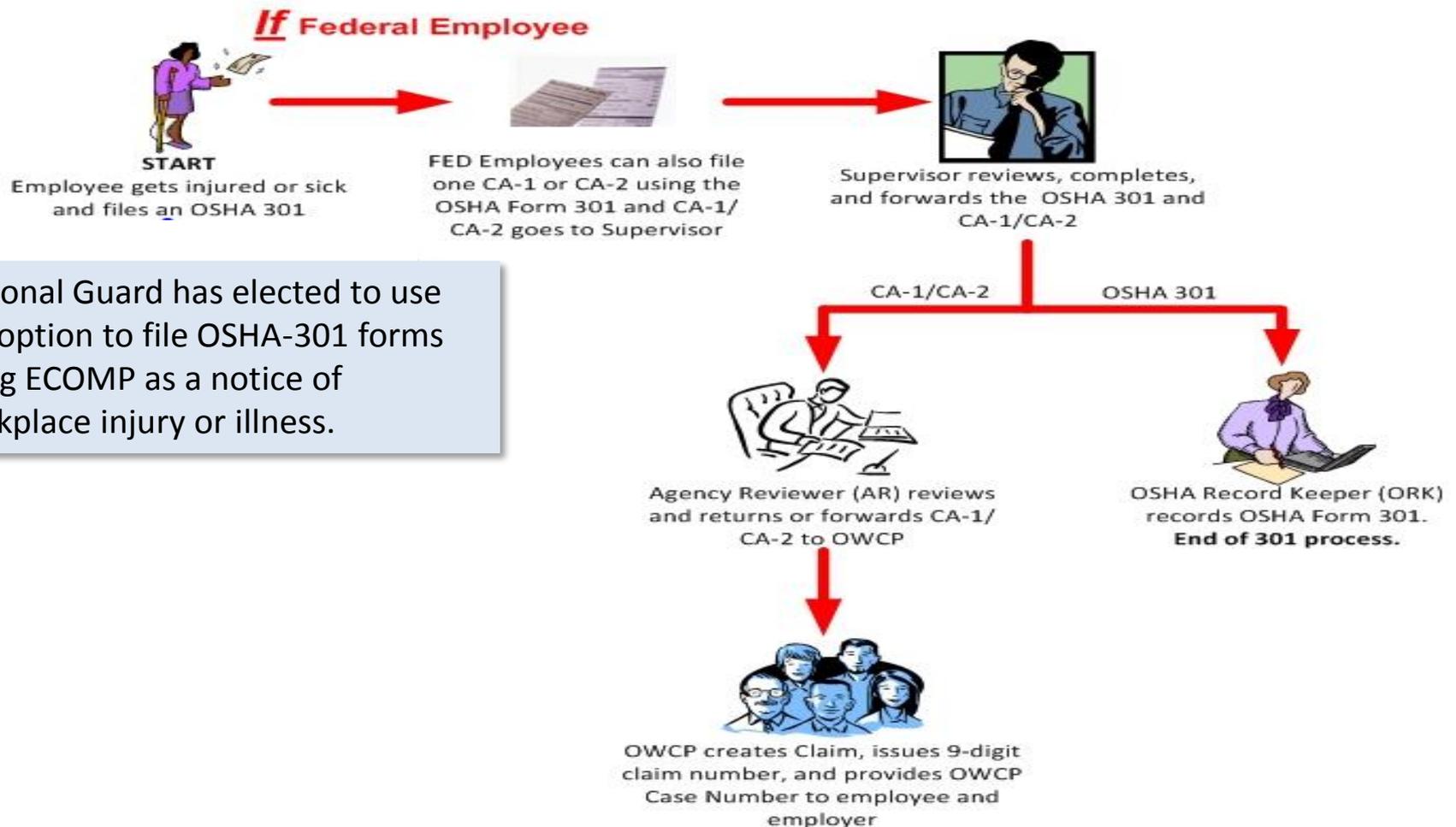
This training will provide employees with the steps necessary to submit OSHA-301 forms and CA-1/CA-2 forms using the Department of Labor application ECOMP.

# ECOMP

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

# ECOMP's Workflow

## The ECOMP Claims Process



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

# Benefits of using ECOMP

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

# Benefits of using ECOMP

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

# Alternate methods of filing

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

# Employee Registration

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

# Employee Registration

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



**ECOMP Home**

**Employees & Claimants**

- [File New Form](#)
- [Access Existing Form](#)
- [Claim Status \(CQS\)](#)

**Track Status**

**Case Stakeholders**

- [Upload Document to an Existing Case](#)
- [Agency Query System \(AQS\)](#)

**Reviewers**

- [Agency Reviewers](#)
- [OSHA Record Keepers](#)

**Administration**

- [Agency Maintenance](#)
- [ECOMP/DFEC Administrator](#)

**Help**

- [About](#)
- [How to File a Form](#)
- [About Accessibility and 508 Compliance](#)
- [Filing Forms as an Injured Worker](#)
- [Reviewing Forms as a Supervisor](#)
- [Uploading Documents to FECA Case Files](#)
- [Electronic Document Submission Frequently Asked Questions](#)
- [OSHA Record Keeper User](#)



**Have you been hurt on the job?**

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

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

[File a Form](#)

[Sign In / Register](#)

**Need to upload a document?**

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

**⚠ Do not upload OWCP forms or medical bills!** Forms or bills submitted as uploads will not be processed. Submit medical bills [here](#).

[Access Case & Upload Document](#)

**Track status of form or document**

Enter ECN or DCN  [Go!](#)

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

# Employee Registration



UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

[ECOMP Home](#) [File a Form](#)

[ECOMP / Register](#)

## Register for ECOMP

Your ECOMP account enables you to file and manage forms with the Department of Labor OWCP. Your account is subject to the [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, and do not have a permanent resident card.   
*Note: This setting affects the way you file claims after you register.*

Confirm SSN

### Government Organization

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

Department.....  - Filter by:

Agency-Group.....

Agency.....

Duty station.....    
CHCO-HRMS-WORKERS' COMP COORDINATOR  
245 MURRAY LANE, SW, STOP 600  
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 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

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

# Employee Registration

- Reviewing Forms as a Supervisor
- Uploading Documents to FECA Case Files
- Electronic Document Submission Frequently Asked Questions
- OSHA Record Keeper User Guide
- Agency Reviewer User Guide
- Agency Maintenance Help
- Intro to the Compensation Process
- Which Form to Use?
- FAQ

## Password

Choose a password

Re-enter password

Passwords must be at least: one upper-case letter, one lower-case letter, one number and one special character.

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

## Security Questions

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

Choose security question 1

Your answer to question 1

Choose security question 2

Your answer to question 2

Choose security question 3

Your answer to question 3

Cancel

Create My ECOMP Account

# Filing an OSHA 301: Employee Portion

UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

ECOMP Home Employee Dashboard File a Form

ECOMP / Employee Home / What Form Should I File

### Employee Dashboard

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

### Create New Form

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

### Help

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

## Which Forms Can I File?

Each agency determines which forms are available for filing through ECOMP. The way you file your claim depends on your employment status and your employing agency. To learn which forms you can file, fill out the following information:

**What is your employment status?**  Federal Employee  Contractor ?

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

Department..... DEPARTMENT OF STATE

Agency-Group..... Other Agencies

Agency..... BUREAU OF ADMINISTRATION

Duty station..... PER-ER-EP

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

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

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

**Continue to File OSHA-301**

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

# Filing an OSHA 301: Employee Portion

UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

[ECOMP Home](#) [Employee Dashboard](#) [File a Form](#)

ECOMP / [Employee Home](#) / [OSHA-301 Introduction](#)

**Employee Dashboard**

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

**Create New Form**

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

**Help**

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- How to File a Form
- About Accessibility and 508 Compliance
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- Intro to the Compensation

## About OSHA Form 301

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

If you are or were a Federal civilian employee, after filing an **OSHA-301 you (Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation (CA-1 or CA-2))**.

**How do I file the form?**  
The process for filing a form involves completing several form sections made available in the navigation bar on the left. Unless otherwise noted, all of the forms are available any time, and completed later. Once the form has been submitted, it will be maintained by the OSHA Record Keeper.

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

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

# Filing an OSHA 301: Employee Portion

UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

ECOMP Home Employee Dashboard File a Form

ECOMP / Employee Home / OSHA 301 / Location & Time Signed in as Joe Employee Sign Out Account

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

**Actions**  
- Save Progress for Later  
- Cancel This Form

**Help**  
- DOL's Privacy Policy

OSHA Form 301  
Step 1B Location & Time  
ECN 104706 OSHA-301 Draft

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

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

7 Was treatment given at the worksite?  Yes  No  
If not, where was the treatment given?  
Facility  
Address Example: 123 Pleasant Lane, apt. A  
City Example: Fairview State Zip code

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

9 Was the employee hospitalized overnight?  Yes  No

10 Case number 104706

11 Date of injury or illness 11/27/2012

12 Time employee began work 07:00 AM

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

The employee will be guided through the filing process.

Back Continue

Back Continue

# Filing an OSHA 301 : Employee Portion

 UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

[ECOMP Home](#)   [Employee Dashboard](#)   [File a Form](#)

ECOMP / [Employee Home](#) / [OSHA 301](#) / [Incident Details](#)   Signed in as **Joe Employee**   [Sign Out](#) | [Account](#)

**1) OSHA 301**

- ✓ A) Employee & Physician
- ✓ B) Location & Time
- C) Incident Details**
- 2) Review & File Form

**Actions**

- Save Progress for Later
- Cancel This Form

**Help**

- DOL's Privacy Policy

**OSHA Form 301**   **ECN 104706**   **OSHA-301** ✕  
Draft

**Step 1C Incident Details**   [Back](#)   [Continue](#)

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

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

Moving equipment

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

I was moving equipment and hurt my back

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

back strain

**17 What object or substance directly harmed the employee?**  
*Examples: "concrete floor", "chlorine", "radial arm saw." If this question does not apply to the incident, leave it blank.*

box

[Back](#)   [Continue](#)

# Filing an OSHA 301 : Employee Portion

✓ C) Incident Details

**2) Review & File Form**

**Actions**

- Save Progress for Later
- Cancel This Form

**Help**

- DOL's Privacy Policy

Carefully review your form before filing it.

<i>Employee name</i>	Joe <input type="text"/>	Employee
<i>Employee email</i>	Joe.Employee@gmail.com	
<i>Government organization</i>	DEPARTMENT OF STATE BUREAU OF ADMINISTRATION PER-ER-EP 2401 E STREET, NW, ROOM H-236 SA-1 WASHINGTON, DC 20522	
<i>Reviewer</i>	Supervisor	@dol.gov
<i>Date of birth</i>	07/03/1975	
<i>Date hired</i>	04/01/1998	
<i>Sex</i>	Male	
<i>Job title</i>	Administrative Officer	
<i>Home mailing address</i>	400 West Bay Street Jacksonville FL 32202	
<i>Name of physician or health care professional (first, middle, last)</i>	<input type="text"/> <input type="text"/> <input type="text"/>	
<i>Place where event occurred</i>	DOL OWCP JAX 8th Floor 400 West Bay Street Jacksonville FL 32204	
<i>Was treatment given at the worksite?</i>	Yes	
<i>If not, where was the treatment given?</i>	<input type="text"/> ( <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<i>Was the employee treated in an emergency room?</i>	No	
<i>Was the employee hospitalized overnight?</i>	No	
<i>Date injury occurred</i>	11/27/2012	
<i>Time employee began work</i>	07:00 am	
<i>Time of event</i>	08:00 am	
<i>Just before the event...</i>	Moving equipment	
<i>Description of event</i>	I was moving equipment and hurt my back	
<i>Description of injury</i>	back strain	
<i>Object or substance which directly harmed employee</i>	box	

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

Back  File Form

# Filing an OSHA 301 : Employee Portion

UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

ECOMP Home Employee Dashboard File a Form

ECOMP / Employee Home / OSHA 301 / Submission Successful Signed in as Joe Employee | Sign Out | Account

**OSHA Form 301** **ECN 104706** **OSHA-301** X  
Pending review by Supervisor

**This form has been forwarded for review**

**ECN 104706** **OSHA-301**

Employee Joe Employee  
Organization BUREAU OF ADMINISTRATION

Form Locked View Get PDF

- An email has been sent to your supervisor's email account at [redacted]
- A digital copy of this form will be kept by ECOMP for 5 years. (Public La [redacted])
- You will receive email updates each time the status of this form chang [redacted]
- Make sure to save / print a copy for your records and note the ECN (EC [redacted])
- Because you are a Federal employee, now that you have filed a **OSHA** [redacted] using either form **CA-1** or **CA-2**.

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

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

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

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

[ECOMP Home](#) [Employee Dashboard](#) [File a Form](#)

[ECOMP / Employee Home / Claim Introduction](#) Signed in as [Joe Employee](#) | [Sign Out](#) | [Account](#)

## Employee Dashboard

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

## Create New Form

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

## Help

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

## About Forms CA-1 and CA-2

### Which form should I use?

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

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

### How do I file the form?

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

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

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

[File a CA-1 or CA-2](#)

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

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

UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

ECOMP Home Employee Dashboard File a Form

ECOMP / Employee Home / Select a Form Signed in as | Joe Employee Sign Out | Account

### Employee Dashboard

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

### Create New Form

- Which Form To Use?
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## Base Claim on Existing Incident

Your claim will be based upon this form

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

Not the right form / ECN?  
[Select a different one...](#)  
[File a new one](#)

**Continue**

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

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

The screenshot shows the ECOMP website interface. At the top left is the United States Department of Labor logo and the text "UNITED STATES DEPARTMENT OF LABOR ECOMP". Navigation links include "ECOMP Home", "Employee Dashboard", and "File a Form". A user is signed in as "Joe Employee". The main heading is "Select CA-1 or CA-2". A yellow box contains a warning: "There are two types of injury claims that may be filed: CA-1 or CA-2. Only one claim (either Form CA-1 or Form CA-2) may be filed based on a single incident. If your agency requires a Form OSHA-301 prior to filing a FECA claim, this means that only one FECA claim form may be filed per OSHA-301." Below this, the user is prompted to "Select the appropriate form:". Two options are presented in side-by-side boxes. The first box, for CA-1, is titled "CA-1 - Federal Employee's Notice of Traumatic Injury & Claim for Continuation of Pay/Compensation" and includes a description of traumatic injury and examples like a dog bite or slip and fall. The second box, for CA-2, is titled "CA-2 - Notice of Occupational Disease and Claim for Compensation" and includes a description of occupational disease and examples like noise-induced hearing loss. At the bottom of each box is a green button: "Select CA-1 & Continue" and "Select CA-2 & Continue", with the word "OR" between them. A red box highlights these buttons. A blue callout box at the bottom states: "The employee then selects the type of form to be filed."

UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

ECOMP Home Employee Dashboard File a Form

ECOMP / Employee Home / Select Chain Form Signed in as Joe Employee | Sign Out | Account

### Employee Dashboard

- File New Form
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### Create New Form

- Which Form To Use?
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- Which Form to Use?
- FAQ

## Select CA-1 or CA-2

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

Select the appropriate form:

 <b>CA-1</b> <i>For Traumatic Injury</i>	 <b>CA-2</b> <i>For Illness</i>
<b>CA-1 - Federal Employee's Notice of Traumatic Injury &amp; Claim for Continuation of Pay/Compensation</b> Use this form if you have sustained a traumatic injury on the job. A traumatic injury is a condition of the body caused by a specific event or incident, or series of events or incidents, within a single workday or shift.  Examples of a traumatic injury include: a dog bite, a motor vehicle accident or a slip and fall.	<b>CA-2 - Notice of Occupational Disease and Claim for Compensation</b> Use this form if you have sustained an occupational disease as a result of your job duties. An occupational disease or illness is a condition produced by the work environment over a period longer than a single workday or shift.  Examples of an occupational disease include: noise induced hearing loss, asbestos-related illness or orthopedic injuries due to repetitive motion.
<a href="#">Select CA-1 &amp; Continue</a>	<a href="#">Select CA-2 &amp; Continue</a>

OR

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

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

UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

ECOMP Home Employee Dashboard File a Form

ECOMP / Employee Home / CA-1 / Employee Basics Signed in as Joe Employee Sign Out Account

**1) Form CA-1**

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

**2) Sign & File Form**

**Actions**

- Save Progress for Later
- Cancel This Form

**Help**

- DOL's Privacy Policy

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

New Form

Draft

**Continue**

Step 1A Employee Basics

Welcome to CA-1. The steps in this form are listed in the navigator at left. Unless otherwise noted, all information is required.

1 Employee name (first, middle, last)

2 Social security number  Confirm SSN

3 Date of birth

4 Sex  Male  Female

5 Home telephone   International

6 Grade as of Date of Injury Grade  Step

7 Home mailing address   
City  State

8 Dependents  Wife, Husband  Children under 18 years

**Who should review this form?**

Immediate supervisor's email @

**Continue**

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

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

UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

ECOMP Home Employee Dashboard File a Form

ECOMP / Employee Home / CA-1 / Description of Injury Signed in as Joe Employee | Sign Out | Account

**1) Form CA-1**

- ✓ A) Employee Basics
- **B) Description of Injury**
- C) Witness Statement
- D) Attachments
- E) Review

**2) Sign & File Form**

**Actions**

- Save Progress for Later
- Cancel This Form

**Help**

- DOL's Privacy Policy

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

New Form CA-1 X

Draft

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

**Describe the details of employee's injury.**

9 Place where injury occurred

DOL OWCP JAX

8th Floor

Address 400 West Bay Street

City Jacksonville State FL - Florida

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

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

12 Employee's occupation Analyst

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

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

14 Nature of the injury back strain

Back Continue

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

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



UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

[ECOMP Home](#) | [Employee Dashboard](#) | [File a Form](#)

ECOMP / [Employee Home](#) / [CA-1](#) / [Witness Statement](#) | Signed in as [Joe Employee](#) | [Sign Out](#) | [Account](#)

**1) Form CA-1**

- ✓ A) Employee Basics
- ✓ B) Description of Injury
- C) Witness Statement**
- D) Attachments
- E) Review

**2) Sign & File Form**

**Actions**

- Save Progress for Later
- Cancel This Form

**Help**

- DOL's Privacy Policy

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

New Form CA-1 ✕  
Draft

Step 1C **Witness Statement** Back Continue

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

16 Name of Witness    ?

Address

City  State

Date of Witness Statement  

Back Continue

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

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

 UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

[ECOMP Home](#)   [Employee Dashboard](#)   [File a Form](#)

ECOMP / [Employee Home](#) / [CA-1](#) / [Attachments](#)   Signed in as [Joe Employee](#) | [Sign Out](#) | [Account](#)

**1) Form CA-1**

- ✓ A) Employee Basics
- ✓ B) Description of Injury
- ✓ C) Witness Statement
- D) Attachments**
- E) Review

**2) Sign & File Form**

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

New Form CA-1 ✕  
Draft

Step 1D **Attachments** Back Continue

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

**NOTE: Do not upload OWCP forms or medical bills here.** Medical bills should be submitted using OWCP's Central Bill Processing Center and OWCP forms should be submitted through your agency's established procedures (either electronically or in paper format). Forms or bills submitted as uploads will not be processed.

 [Click to attach a new document](#)

**0 documents uploaded so far**

 [Attach New Document...](#)

Delete selected attachment

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

Back Continue

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

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

UNITED STATES DEPARTMENT OF LABOR  
**ECOMP**

ECOMP Home Employee Dashboard File a Form

ECOMP / Employee Home / CA-1 / Review Signed in as Joe Employee | Sign Out | Account

**1) Form CA-1**

- ✓ A) Employee Basics
- ✓ B) Description of Injury
- ✓ C) Witness Statement
- ✓ D) Attachments
- E) Review**

**2) Sign & File Form**

**Actions**

- Save Progress for Later
- Cancel This Form

**Help**

- DOL's Privacy Policy

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

New Form CA-1 Draft

Step 1E Review Back Continue

**Review this information carefully before continuing.**

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

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

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

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

ECOMP Home Employee Dashboard File a Form

Signed in as Joe Employee | Sign Out | Account

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

**1) Form CA-1**

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

**2) Sign & File Form**

**Actions**

- Save Progress for Later
- Cancel This Form

**Help**

- DOL's Privacy Policy

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

New Form CA-1 X

Draft

Step 2 **Sign & File Form**

**Submitting this form is considered the same as signing it.**

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

**I hereby claim medical treatment, if needed, and the following, as checked below:**

- a. Continuation of regular pay (COP) not to exceed 45 days and compensation beyond 45 days. If my claim is denied, I understand that the continuation of regular pay may be considered an overpayment of annual leave, or be deemed an overpayment within the meaning of 5 CFR 551.604.
- b. Sick and/or Annual Leave

I hereby authorize any physician or hospital (or any other person, institution, company, or organization) to provide any and all desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs. This authorization also permits any official representative of the Office to examine my medical records.

Back  **Sign & File Form**

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



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

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

ECOMP Home Employee Dashboard File a Form

ECOMP / Employee Home / CA-1 / Submission Successful Signed in as Joe Employee | Sign Out | Account

### 1) Form CA-1

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

### 2) Sign & File Form

#### Actions

- Save Progress for Later
- Cancel This Form

#### Help

- DOL's Privacy Policy

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

ECN 104707 CA-1 X  
Pending review by Supervisor

This form has been forwarded for review

ECN 104707	CA-1	Pending review by Supervisor	
Employee	Joe Employee	Date of event	11/27/2012
Organization	BUREAU OF ADMINISTRATION	Initiated	11/27/2012

Form Locked View Get PDF Upload Attachments More...

✉ An email has been sent to [joemp@bureauofadministration.gov](mailto:joemp@bureauofadministration.gov).

➔ You will receive an email from the Bureau of Administration (Bureau) regarding your claim (Case Number).

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

**Done**

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

# Updated Employee Dashboard

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

[ECOMP Home](#)   [Employee Dashboard](#)   [File a Form](#)

Signed in as **Joe Employee** | [Sign Out](#) | [Account](#)

**ECOMP / Employee Home**

**Employee Dashboard**

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

**Create New Form**

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

**Help**

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

## Employee Dashboard

**You have 2 forms & claims**

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

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

[★ File an OSHA-301, CA-1 or CA-2](#)

[File New CA-7 for a Case Not Listed](#)

ECN 104707	CA-1	Pending review by Supervisor	
Employee	Joe Employee	Date of event	11/27/2012
Organization	BUREAU OF ADMINISTRATION	Initiated	11/27/2012
Form Locked	View	Get PDF	Upload Attachments
More...			

ECN 104706	OSHA-301	Form Filed - R	
Employee	Joe Employee	Date of event	11/27/2012
Organization	BUREAU OF ADMINISTRATION	Initiated	11/27/2012
Form Locked	View	Get PDF	Upload Attachments
More...			

A claim has been filed from this form.

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

# Additional Training

## Employee & Claimants

- File a Form
- Access Existing Form
- Claim Status (CQS)

## Track Status

## Case Stakeholders

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

## Reviewers

- Agency Reviewers
- OSHA Record Keepers

## Administration

- Agency Maintenance
- ECOMP/DFEC Administrator

## Contact ECOMP

## Help

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



## Have you been hurt on the job?

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

If you are a **Federal Employee** you may also file a claim for benefits under the Federal Employees' Compensation Act (FECA). Depending upon your agency, start by filing **OSHA's Form 301**, then file a claim using either form **CA-1 (for traumatic injury)** if you have received an offer of **VA benefits** or **Form 7 (Claim for Compensation)** if you have not.

[File Form](#)

## Track status of form

 Enter ECN or DCN

## Need to upload a document?

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

**Do not upload OWCP forms or medical 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 is available for employees. To view this training click on the **Filing Forms as an Injured Worker** link on the ECOMP page under the **Help** section.

# Additional Training

Introduction

Register as a  
Claimant /  
Injured  
Worker  
in ECOMP

Filing OSHA  
Form 301

Filing  
Form CA-1

Filing  
Form CA-2

Filing  
Form CA-7

Filing  
Form CA-7a

## Registering for an ECOMP Account

Before you may file forms in ECOMP, you must first register for an account.

Click [here](#) to read a tutorial on registering for an ECOMP account.

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

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