

ECOMP For Supervisors

ECOMP

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

ECOMP

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

ECOMP

- As a supervisor you will see two main changes.
 - The current EDI system requires the employee and supervisor to sit down and file the claim together. ECOMP will allow the employee to fill out their portion of the claim form from any computer with internet access and then send it to their supervisor for further processing. Employee and supervisor no longer have to fill out the claim form together.

ECOMP

- As a supervisor you will see two main changes.
 - National Guard has elected ECOMP to enable the application for filing OSHA 301 forms. The employee is *required* to fill out the OSHA-301 form *first* and submitted it *before* they are permitted to file a CA-1 or CA-2 form. If an employee submits an OSHA-301 the supervisor will need to provide certain information and submit the form to the appropriate Safety personnel.

ECOMP

- Processing of the OSHA-301 will not affect the processing of the CA-1 or CA-2 form. Once the employee submits the OSHA-301 form they can fill out the CA 1 or 2 form as necessary.
- The OSHA form has a separate routing process and will not delay or inhibit the processing or review of CA-1 or CA-2.

ECOMP

- The routing for the OSHA-301 and CA-1/CA-2 forms has been set up by the DOD ECOMP administrator. As the supervisor this will be invisible to you and you do not have to determine where the claims should be sent. This will already be set up within the application for you.

Employee Registration

 UNITED STATES DEPARTMENT OF LABOR
ECOMP

[ECOMP Home](#) [File a Form](#) [Upload Document](#) [Register with ECOMP](#)

ECOMP / Register You are not currently signed in | [Sign In](#) | [Register](#)

ECOMP Home

Employees & Claimants

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

Track Status

Case Stakeholders

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

Reviewers

- Agency Reviewers
- OSHA Record Keepers

Administration

- Agency Maintenance
- ECOMP/DFEC Administrator

Contact ECOMP Help

- About
- How to File a Form
- About Accessibility and 508 Compliance
- Filing Forms as an Injured

Register for ECOMP

Your ECOMP account enables you to file and manage forms with the Department of Labor. [Privacy Act](#). If you already have an account you can [Sign In here](#).

Account Basics

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

Home telephone |

Your email address |

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

Confirm SSN |

Government Organization

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

Department.....

Agency-Group.....

Agency.....

Duty station.....

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

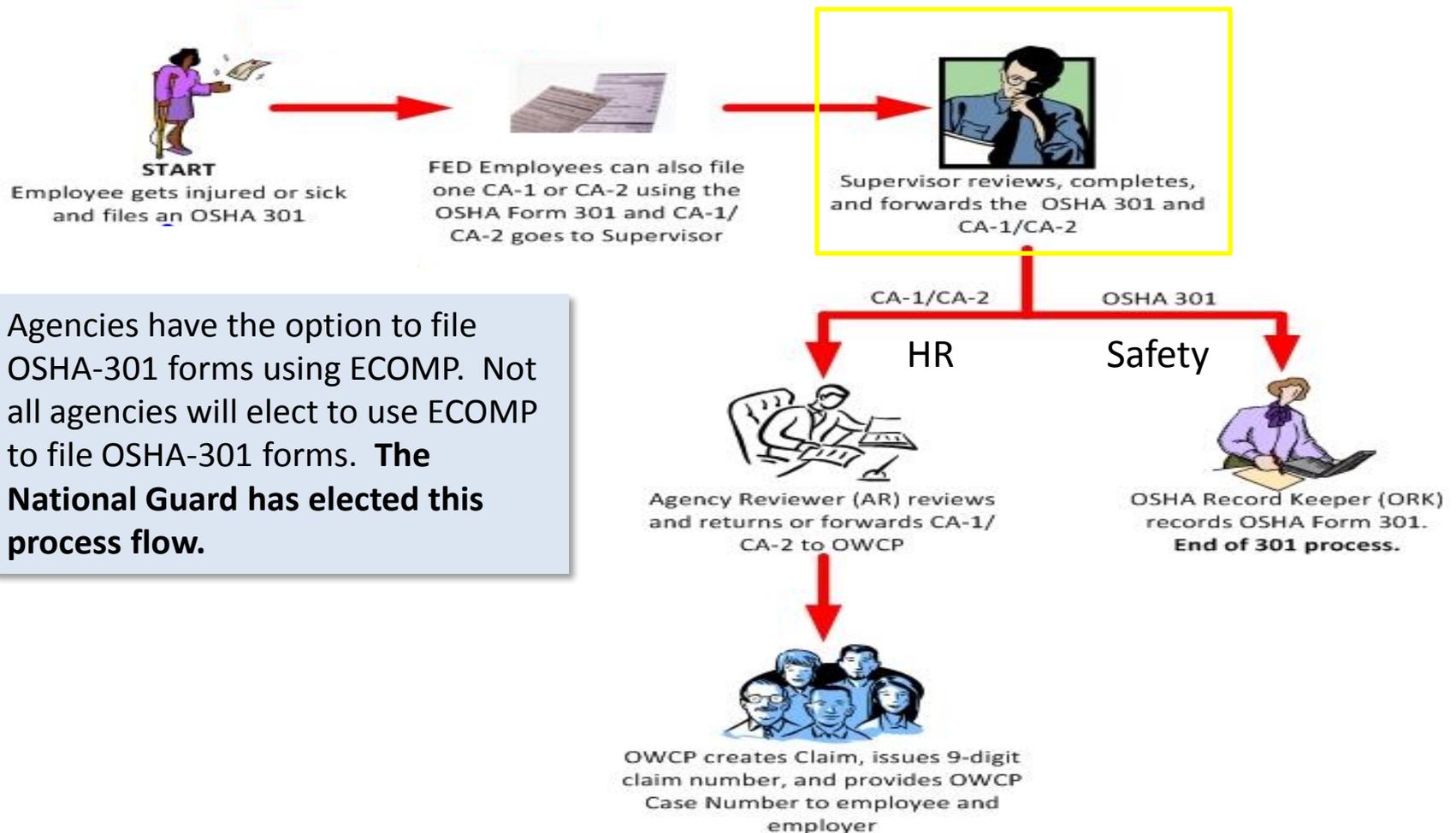
✔ You can file forms **OSHA-301, CA-1, CA-2, CA-7 and CA-7a** for this organization through ECOMP [? What is this?](#)

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

Employee will have to register with ECOMP in order to file a claim. The employee will designate their supervisor during the registration process. **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



Agencies have the option to file OSHA-301 forms using ECOMP. Not all agencies will elect to use ECOMP to file OSHA-301 forms. **The National Guard has elected this process flow.**

Filing an OSHA 301: Email to Supervisor

From: noreplyuat@ecomp.dol.gov
To: Revenaugh, Timothy G - OWCP
Cc:
Subject: ECOMP: ECN #104706 requires your review

Sent: Tue 11/27/2012 1:41 PM

An employee of the US government has identified you as his/her supervisor, and has requested that you review and complete an official government form. To access this form, click on this link:

<https://www.training.ecomp.dol.gov/#lid=pkbtzy0f4>

ECN #:
- 104706
Form:
- OSHA301
Status:
- Pending review by Supervisor
Status Changed Date:
- 11/27/2012 01:40 PM
Responsible Organization:
- DEPARTMENT OF STATE
- Other Agencies
- BUREAU OF ADMINISTRATION
- PER-ER-EP
Employee's Initials:
- G.R.
Date of Event:
- 11/27/2012
Date Filed:
- 11/27/2012 01:42 PM

If an employee files an OSHA-301 form in ECOMP, the supervisor associated with the employee's account will be sent an email alerting that supervisor to the fact that a form needs their review. Reminder email notifications will be automatically sent to National Guard supervisors every two days.

If you believe you were sent this message in error, follow the above link and select "I cannot or should not review this claim."

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

Please direct problems or issues to:
uat@ecomp.dol.gov

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

Filing an OSHA 301: Email to Supervisor

From: noreplyuat@ecomp.dol.gov
To: Revenaugh, Timothy G - OWCP
Cc:
Subject: ECOMP: ECN #104706 requires your review

Sent: Tue 11/27/2012 1:41 PM

An employee of the US government has identified you as his/her supervisor, and has requested that you review and complete an official government form. To access this form, click on this link:

<https://www.training.ecomp.dol.gov/#lid=pktbzy0f4>

The email will contain a link to access the form for review

ECN #:
- 104706
Form:
- OSHA301
Status:
- Pending review by Supervisor
Status Changed Date:
- 11/27/2012 01:40 PM
Responsible Organization:
- DEPARTMENT OF STATE
- Other Agencies
- BUREAU OF ADMINISTRATION
- PER-ER-EP
Employee's Initials:
- G.R.
Date of Event:
- 11/27/2012
Date Filed:
- 11/27/2012 01:42 PM

The type of form to be reviewed

The initials of the employee

Pertinent dates

If you believe you were sent this message in error, follow the above link and select "I can't find the form I need"

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

Please direct problems or issues to:
uat@ecomp.dol.gov

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

Filing an OSHA 301 : Supervisor Portion



UNITED STATES DEPARTMENT OF LABOR
ECOMP

SUPERVISOR

[Supervisor Review](#)

[Upload Document](#)

Supervisor Review

Help

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

Supervisor Review

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

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

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

Your email is **Supervisor @dol.gov**
You work as a supervisor at the **DEPARTMENT OF STATE**

[Yes, I will review this form](#)

[No, I cannot review this form](#)

Clicking on the link in the email will take the supervisor to ECOMP. If the employee sends the form to the incorrect supervisor or selects an incorrect agency when filing the form, the supervisor can return the form to the employee by selecting the **No, I cannot review this form** button at the bottom of the screen.

Filing an OSHA 301 : Supervisor Portion

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

Your email is reviewed

You work as a supervisor

Yes, I will review

No, I cannot review

The supervisor then selects a reason why the form cannot be reviewed. A notification will be sent to the employee and the Agency Comp Specialist informing them that the supervisor cannot review the form and the reason why.

Return Reason ✕

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

⚠ Why are you unable to review this form?

- 1 - EMPLOYEE NOT UNDER MY SUPERVISION
- 2 - INCORRECT EMPLOYING AGENCY

Filing an OSHA 301 : Supervisor Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

Supervisor Review [Upload Document](#) SUPERVISOR

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

Supervisor Review

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

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

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

If the supervisor elects to review the form because they do indeed supervise the employee that submitted the form then the supervisor would select the **Yes, I will review this form** button at the bottom of the screen.

Help

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

Filing an OSHA 301 : Supervisor Portion

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

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

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

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

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

Warning

You have elected to proceed with form review. For security purposes your IP address will be recorded. If you are not authorized to view this form, click Cancel. Otherwise, click "I Agree" to proceed.

The dialog box includes two buttons: "Cancel" and "I Agree".

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

Filing an OSHA 301 : Supervisor Portion

The screenshot shows the ECOMP (Electronic Complaint and Reporting) system interface for the Supervisor Review portion of an OSHA Form 301. The header includes the United States Department of Labor logo and the text "UNITED STATES DEPARTMENT OF LABOR ECOMP". The user is logged in as a "SUPERVISOR".

The main content area is titled "OSHA Form 301" and shows "Step 1 Form Summary". A callout box states: "To start the review, the supervisor will click on the **Continue** button." There are two "Continue" buttons: one green arrow button at the top right of the summary section, and another green arrow button at the bottom right of the page.

The summary section contains the following information:

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

On the left sidebar, there are navigation links for "1) Form Summary", "2) Review OSHA 301", and "3) Reviewer Info & File Form". Below these are sections for "Actions" (Save Progress for Later) and "Help" (DOL's Privacy Policy).

Filing an OSHA 301 : Supervisor Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

Supervisor Review SUPERVISOR
Upload Document

1) Form Summary
2) Review OSHA 301
3) Reviewer Info & File Form

Actions
- Save Progress for Later

Help
- DOL's Privacy Policy

OSHA Form 301

Step 2 Review OSHA 301

Employee name	Joe Employee
Government organization	DEPARTMENT OF STATE BUREAU OF ADMINISTRATION PER-ER-EP 2401 E STREET, NW, ROOM H-236 SA-1 WASHINGTON, DC 20522
Reviewer	supervisor @dol.gov
Date of birth	*****
Date hired	04/01/1998
Sex	Male
Job title	Administrative Officer
Home mailing address	***** ** ****
Name of physician or health care professional (first, middle, last)	<input type="text"/> <input type="text"/> <input type="text"/>
Place where event occurred	DOL OWCP JAX 8th Floor 400 West Bay Street Jacksonville FL 32
Was treatment given at the worksite?	Yes
If not, where was the treatment given?	<input type="text"/> <input type="text"/> <input type="text"/>
Was the employee treated in an emergency room?	No
Was the employee hospitalized overnight?	No
Date injury occurred	11/27/2012
Time employee began work	07:00 am
Time of event	08:00 am
Just before the event...	Moving equipment
Description of event	I was moving equipment and hurt my back
Description of injury	back strain
Object or substance which directly harmed employee	box

The supervisor would then review the information on the form. **Changes cannot be made to information submitted by the employee.** If information submitted by the employee is incorrect or needs modification, the form will need to be sent back to the employee for correction and resubmission.

Filing an OSHA 301 : Supervisor Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

Supervisor Review

SUPERVISOR

1) Form Summary
2) Review OSHA 301
3) Reviewer Info & File Form

Actions
· Save Progress for Later

Help
· DOL's Privacy Policy

OSHA Form 301

Step 3 Reviewer Info & File Form

Supervisor contact
Supervisor telephone International

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

Date of death

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

Nature of incident Injury Illness

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

Back

The supervisor would also add any additional information into the form as well. Once the supervisor is done processing the form the **File Form** button at the bottom of the screen is selected.

Filing an OSHA 301 : Supervisor Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

Supervisor Review Upload Document SUPERVISOR

1) Form Summary
2) Review OSHA 301
3) Reviewer Info & File Form

Actions

- Save Progress for Later

Help

- DOL's Privacy Policy

OSHA Form 301

 **This form has been forwarded for review**

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

 Form Locked  View  Get PDF  Upload Attachments  More...

➔ A digital copy of this form will be kept by ECOMP for 5 years. (Public Law 91-596 and 29 CFR 1904)

Done

Once the Supervisor completes the OSHA-301 form review they are finished with that form. The designated safety representative will complete processing of that form.

Filing a CA-1 or CA-2: Email to Supervisor

From: noreplyuat@ecomp.dol.gov
To: Revenaugh, Timothy G - OWCP
Cc:
Subject: ECOMP: ECN #104707 requires your review

Sent: Tue 11/27/2012 2:34 PM

An employee of the US government has identified you as his/her supervisor, and has requested that you review and complete an official government form. To access this form, click on this link:

<https://www.training.ecomp.dol.gov/#lid=v9ng96zza>

ECN #:
- 104707
Form:
- CA1
Status:
- Pending review by Supervisor
Status Changed Date:
- 11/27/2012 02:33 PM
Responsible Organization:
- DEPARTMENT OF STATE
- Other Agencies
- BUREAU OF ADMINISTRATION
- PER-ER-EP
Employee's Initials:
- G.R.
Date of Event:
- 11/27/2012
Date Filed:
- 11/27/2012 02:35 PM

For National Guard technician employees, once the employee files the OSHA-301 form then they can file a CA-1 or CA-2 form. If they do this, the supervisor will receive a notification email alerting them that a form is awaiting their review.

If you believe you were sent this message in error, follow the above link and select "I cannot or should not review this claim."

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

Please direct problems or issues to:
uat@ecomp.dol.gov

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

Filing a CA-1 or CA-2: Email to Supervisor

From: noreplyuat@ecomp.dol.gov
To: Revenaugh, Timothy G - OWCP
Cc:
Subject: ECOMP: ECN #104707 requires your review

Sent: Tue 11/27/2012 2:34 PM

An employee of the US government has identified you as his/her supervisor, and has requested that you review and complete an official government form. To access this form, click on this link:

<https://www.training.ecomp.dol.gov/#lid=v9ng96zza>

ECN #:
- 104707
Form:
- CA1
Status:
- Pending review by Supervisor
Status Changed Date:
- 11/27/2012 02:33 PM
Responsible Organization:
- DEPARTMENT OF STATE
- Other Agencies
- BUREAU OF ADMINISTRATION
- PER-ER-EP
Employee's Initials:
- G.R.
Date of Event:
- 11/27/2012
Date Filed:
- 11/27/2012 02:35 PM

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

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

The email will contain a link to access the form for review

The type of form to be reviewed

The initials of the employee

Pertinent dates

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

UNITED STATES DEPARTMENT OF LABOR
ECOMP

Supervisor Review SUPERVISOR
[Supervisor Review](#) [Upload Document](#)

Supervisor Review

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

ECN 104707	CA-1	
Employee	Joe Employee	Date
Organization	BUREAU OF ADMINISTRATION	Initial

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

Your email is supervisor @dol.gov
You work as a supervisor at the DEPARTMENT OF STATE

[Yes, I will review this form](#)
[No, I cannot review this form](#)

Clicking on the link in the email will take the supervisor to ECOMP. If the employee sends the form to the incorrect supervisor or selects an incorrect agency when filing the form, the supervisor can return the form to the employee by selecting the **No, I cannot review this form** button at the bottom of the screen.

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 displays the ECOMP Supervisor Review interface. The header includes the United States Department of Labor logo and the text 'UNITED STATES DEPARTMENT OF LABOR ECOMP'. The page title is 'Supervisor Review' and there is a 'SUPERVISOR' label in the top right corner. A navigation bar contains 'Supervisor Review' and 'Upload Document' links. A sidebar on the left lists various help topics under the heading 'Supervisor Review Help'. The main content area shows a form with a table of cases. A text box explains that the supervisor selects a reason why the form cannot be reviewed, and a notification is sent to the employee and the Agency Comp Specialist. Below the table, there are two green buttons: 'Yes, I will review this form' and 'No, I cannot review this form'. A 'Return Reason' dropdown menu is open, showing three options: '1 - EMPLOYEE NOT UNDER MY SUPERVISION', '2 - INCORRECT EMPLOYING AGENCY', and '3 - RETURN OF FORM REQUESTED BY EMPLOYEE'.

UNITED STATES DEPARTMENT OF LABOR
ECOMP

Supervisor Review SUPERVISOR

Supervisor Review Upload Document

Supervisor Review Help

- About
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- Which Form to Use?
- FAQ

You have been assigned the following cases:

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

The supervisor then selects a reason why the form cannot be reviewed. A notification will be sent to the employee and the Agency Comp Specialist informing them that the supervisor cannot review the form and the reason why.

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

Your email is: supervisor@doL.gov

You work as a supervisor at the DEPARTMENT OF STATE

Yes, I will review this form

No, I cannot review this form

Return Reason ✕

If you do not review this form, it will be returned to the person who filed it.

⚠ Why are you unable to review this form?

1 - EMPLOYEE NOT UNDER MY SUPERVISION

2 - INCORRECT EMPLOYING AGENCY

3 - RETURN OF FORM REQUESTED BY EMPLOYEE

Filing an OSHA 301 : Supervisor Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

Supervisor Review [Upload Document](#) SUPERVISOR

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

Supervisor Review

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

ECN 104706	CA-1	
Employee	Joe Employee	Da
Organization	BUREAU OF ADMINISTRATION	Ini

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

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

You work as a supervisor at the **DEPARTMENT OF STATE**

Yes, I will review this form

No, I cannot review this form

If the supervisor elects to review the form because they do indeed supervise the employee that submitted the form then the supervisor would select the ***Yes, I will review this form*** button at the bottom of the screen.

Help

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- How to File a Form
- About Accessibility and 508 Compliance
- Filing Forms as an Injured Worker
- Reviewing Forms as a Supervisor
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- Which Form to Use?
- FAQ

Filing an OSHA 301 : Supervisor Portion

UNITED STATES DEPARTMENT OF LABOR
ECOMP

Supervisor Review [Upload Document](#)

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

Supervisor Review

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

ECN 104706	CA-1
Employee	Joe Employee
Organization	BUREAU OF ADMINISTRATION

You should review this form if both of these are true:
Your email is [supervisor](#) [i@dol.gov](#)
You work as a supervisor at the **DEPARTMENT OF STATE**

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

Warning ×

 You have elected to proceed with form review. For security purposes your IP address will be recorded. If you are not authorized to view this form, click Cancel. Otherwise, click "I Agree" to proceed.

[Cancel](#) [I Agree](#)

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

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

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

The screenshot shows the ECOMP Supervisor Review interface. The 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 user is logged in as "SUPERVISOR" and has options to "Sign Out" and "CA-1".

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

The left sidebar contains the following navigation items:

- 1) Claim Summary
- 2) Review CA-1
- 3) CA-1 Supervisor Portion
 - A) Supervisor Info
 - B) Employee Basics
 - C) Injury Details
 - D) Physician, Witnesses & Remarks
 - E) Attachments
 - F) Review
- 4) Sign

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

The main content area displays the following information:

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

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

The screenshot shows the ECOMP (Employee Compensation Management System) interface for a supervisor reviewing a claim. The header includes the United States Department of Labor logo and the text "SUPERVISOR". The main navigation menu on the left lists: 1) Claim Summary, 2) Review CA-1 (highlighted), 3) CA-1 Supervisor Portion (with sub-items A-F), 4) Sign, Actions (Save Progress for Later), and Help (DOL's Privacy Policy). The main content area is titled "ECOMP Claim for a Traumatic Injury" and "Step 2 Review CA-1". A yellow banner reads "Review this information carefully before". The form contains the following fields and values:

Your Name	Government organization
Government organization	Reviewer
Reviewer	Social security number
Social security number	Date of birth / sex
Date of birth / sex	Home telephone
Home telephone	Grade / step as of last injury
Grade / step as of last injury	Home mailing address
Home mailing address	Dependents
Dependents	Place where injury occurred
Place where injury occurred	Address where injury occurred
Address where injury occurred	Date injury occurred
Date injury occurred	Date of this notice
Date of this notice	Employee's occupation
Employee's occupation	Cause of injury
Cause of injury	Nature of the injury
Nature of the injury	Witness Name
Witness Name	Witness Address
Witness Address	Date of Witness Statement
Date of Witness Statement	Attachments

At the bottom, there is a link: [Add/Modify attachments](#)

The information entered by the employee can be viewed by the supervisor but cannot be changed. If the supervisor notices information that he/she believes should be changed by the employee then there are two ways to handle the situation:

1. Talk to the employee and if they agree the information should be changed the form can be sent back to the employee for resubmission.
2. If the employee disagrees that the information should be changed then the supervisor can annotate areas where they do not agree with what the employee submitted.

Both processes will be discussed later in the presentation.

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

UNITED STATES DEPARTMENT OF LABOR
ECOMP

Supervisor Review [Upload Document](#) SUPERVISOR
Signed in as reynaugh.timothy@dol.gov | Sign Out

1) Claim Summary
2) Review CA-1
3) CA-1 Supervisor Portion
→ **A) Supervisor Info**
B) Employee Basics
C) Injury Details
D) Physician, Witnesses & Remarks
E) Attachments
F) Review

4) Sign

Actions
· Save Progress for Later

Help
· DOL's Privacy Policy

ECOMP Claim for a Traumatic Injury

Step 3A **Supervisor Info**

38 Supervisor name Bob Middle name Hope

Supervisor title Manager

Office phone (202) 444-8888 International

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

Agency name DOL OSHA site code

Address 200 Constitution Non-US address

City Washington State DC - District 01 Zip code 20010

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

The supervisor will enter information into the claim form. Not all information is required so some information is optional and does not have to be entered by the supervisor.

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

- Optional information for the CA-1 form:
 - OSHA Site Code
 - Date and Time employee stopped work
 - Date employee pay stopped
 - Date 45 day period began
 - Date and hour returned to work
 - Third party address
 - Anatomical location
 - Nature of Injury
 - Cause of Injury
 - Extent of Injury
 - Physician name
 - Physician address
 - Medical care first received date
 - Pay Rate
 - Remarks

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

UNITED STATES DEPARTMENT OF LABOR
ECOMP

Supervisor Review SUPERVISOR
[Upload Document](#)

1) Claim Summary
2) Review CA-1
3) CA-1 Supervisor Portion
✓ A) Supervisor Info
→ **B) Employee Basics**
C) Injury Details
D) Physician, Witnesses & Remarks
E) Attachments
F) Review

4) Sign

Actions
· Save Progress for Later

Help
· DOL's Privacy Policy

ECOMP Claim for a Traumat

Step 3B **Employee Basic**

Continue to enter all required information into the claim form. When you are finished with one screen, select **Continue** to move to the next screen.

a Employee occupation code G0560 - BUDGET ANALYSIS ?

b Type code 210 - FELL ON SAME LEVEL ?

c Source code 140 - FURNITURE, FURNISHINGS, OFFICE EQUIPMENT ?

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

Does employee work a regular schedule? Yes No

20 Regular work hours From 06:00 AM To 03:00 PM ?

21 Regular work schedule Sun Mon Tue Wed Thu Fri Sat

22 Date of injury 11/27/2012

23 Date notice received 11/27/2012

24 Date and hour employee stopped work 11/27/2012

25 Date employee's pay stopped MM/DD/YYYY

26 Date 45 day period began MM/DD/YYYY

27 Date and hour returned to work MM/DD/YYYY

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

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

UNITED STATES DEPARTMENT OF LABOR
ECOMP

Supervisor Review Upload Document **SUPERVISOR**

1) Claim Summary
2) Review CA-1
3) CA-1 Supervisor Portion
✓ A) Supervisor Info
✓ B) Employee Basics
→ **C) Injury Details**
D) Physician, Witnesses & Remarks
E) Attachments
F) Review
4) Sign

Actions
- Save Progress for Later

Help
- DOL's Privacy Policy

ECOMP Claim for a Traumat

Step 3C **Injury Details**

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.

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

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, the text "UNITED STATES DEPARTMENT OF LABOR ECOMP", and links for "Supervisor Review", "Upload Document", and "SUPERVISOR". The user is signed in as "revenaugh.timothy@dol.gov".

The left sidebar contains a navigation menu with the following items:

- 1) Claim Summary
- 2) Review CA-1
- 3) CA-1 Supervisor Portion
 - ✓ A) Supervisor Info
 - ✓ B) Employee Basics
 - ✓ C) Injury Details
 - D) Physician, Witnesses & Remarks (highlighted)
 - E) Attachments
 - F) Review
- 4) Sign

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

The main content area is titled "ECOMP Claim for a Traumatic Injury" and is currently on "Step 3D: Physician, Witnesses & Remarks". The form includes the following fields:

- 32) Name and address of physician firm:
 - Name:
 - Address:
 - City:
- 33) First date medical care received:
- 34) Do medical reports show employee was injured? Yes No
- 35) Does your knowledge of the facts support the employee's description of the incident?
 - Yes No
 - Explain why:
- 36) If the employing agency controverts the employee's description of the incident, explain why:
- 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:

A red rectangular box highlights the exception field (38). At the bottom right, there are "Back" and "Continue" buttons.

Continue to enter all required information into the claim form. If the supervisor disagrees with any information entered by the employee and the employee does not want to change what was entered on the form the he/she can annotate the disagreement in the area (outlined in red) at the bottom of the screen. For example if the DOI were entered erroneously by the employee and they did not want to change the DOI they entered the supervisor could provide what they believe to be the correct DOI in this field.

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

 UNITED STATES DEPARTMENT OF LABOR
ECOMP

[Supervisor Review](#)

[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.

The supervisor can attach any additional document that is felt to be pertinent to the claim and should be considered by the Claims Examiner when adjudicating the claim.



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](#)

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

<i>Supervisor name</i>	
<i>Supervisor title</i>	
<i>Email & 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="checkbox"/>
<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"/>

Finally, once all the information has been entered by the supervisor, 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.

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

If the supervisor has discovered an entry by the employee is erroneous and the employee is willing to change the information entered into the form then the claim form can be sent back to the employee from this screen. The supervisor would select the **Request Resubmission** button and select **RETURN OF FORM REQUESTED BY EMPLOYEE** as the reason why. The form will be returned to the employee. They can then correct the erroneous information and resubmit the form to the supervisor.

The supervisor cannot refuse to process the form even if the employee does not change the erroneous information.

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

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

The screenshot displays the ECOMP (Employee Compensation) system interface for filing a CA-1 claim. The header includes the United States Department of Labor logo and the text "UNITED STATES DEPARTMENT OF LABOR ECOMP". The main content area is titled "ECOMP Claim for a Traumatic Injury (CA-1)" and shows the claim number "ECN 104707" and status "CA-1 Pending review by Supervisor". The interface is divided into a left sidebar and a main content area. The sidebar contains a navigation menu with the following items: "1) Claim Summary", "2) Review CA-1", "3) CA-1 Supervisor Portion", "4) Sign", "Actions" (with a link to "Save Progress for Later"), and "Help" (with a link to "DOL's Privacy Policy"). The "3) CA-1 Supervisor Portion" section is expanded to show a list of steps: "A) Supervisor Info", "B) Employee Basics", "C) Injury Details", "D) Physician, Witnesses & Remarks", "E) Attachments", and "F) Review". The "4) Sign" section is highlighted in blue. The main content area is titled "Step 4 Sign" and features a "Back" button and a "Sign & Forward" button. Below this, the "Action to take" section has two radio button options: "Sign & Forward or File" (which is selected and highlighted with a red box) and "Request Resubmission". The "Request Resubmission" option includes a "Why?" dropdown menu. The "Event" section has a dropdown menu with the text "Is this form related to one of these events?". At the bottom of the main content area, there is another "Back" button and a "Sign & Forward" button, both of which are highlighted with red boxes. A text box in the upper right corner of the screenshot contains the following text: "If the supervisor is completed reviewing the form then the *Sign & Forward or File* option will be selected and then the Sign & Forward button will be clicked."

UNITED STATES DEPARTMENT OF LABOR
ECOMP

ECOMP Claim for a Traumatic Injury (CA-1)
ECN 104707 CA-1
Pending review by Supervisor

Step 4 Sign

Back Sign & Forward

Action to take

Sign & Forward or File

Request Resubmission
Why? [dropdown]

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

Back Sign & Forward

1) Claim Summary

2) Review CA-1

3) CA-1 Supervisor Portion

✓ A) Supervisor Info

✓ B) Employee Basics

✓ C) Injury Details

✓ D) Physician, Witnesses & Remarks

✓ E) Attachments

✓ F) Review

4) Sign

Actions

· Save Progress for Later

Help

· DOL's Privacy Policy

If the supervisor is completed reviewing the form then the *Sign & Forward or File* option will be selected and then the Sign & Forward button will be clicked.

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

The screenshot displays the ECOMP Supervisor Review interface. On the left, a navigation menu lists steps: 1) Claim Summary, 2) Review CA-1, 3) CA-1 Supervisor Portion (with sub-items A-F), and 4) Sign. 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 blue callout box at the top right of the dialog says: "The supervisor will click **I Agree** to finish processing the form." The background interface includes a "Back" button and a "Sign & Forward" button.

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 Traumatic Injury

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

This form has been forwarded for review

ECN 104707 CA-1 Pending final review by FECA Agency Reviewer

Employee	Joe Employee	Date of event	11/27/2012
Organization	BUREAU OF ADMINISTRATION	Initiated	11/27/2012

Form Locked View Get PDF Upload Attachments More...

↓ You can print a copy of this form using the Save/Print button above.

➔ A digital copy of this form will be kept by ECOMP for 5 years. (Public Law 91-596 and 29 CFR 1904)

Done

Additional Training

Employee & Claimants

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

Track Status

Case Stakeholders

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

Reviewers

- Agency Reviewers
- OSHA Record Keepers

Administration

- Agency Maintenance
- ECOMP/DFEC Administrator

Contact ECOMP

Help

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



Have you been hurt on the job?

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

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

File Form

Sign In / Register

Track status of form or document



Enter ECN or DCN

Go!

Additional training can be found on the ECOMP website at www.ecomp.dol.gov/ under the **Help** section.

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



Access Case & Upload Document



Agency Reviewers & OSHA Record Keepers Sign In

Additional Training

Employee & Claimants

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

Track Status

Case Stakeholders

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

Reviewers

- Agency Reviewers
- OSHA Record Keepers

Administration

- Agency Maintenance
- ECOMP/DFEC Administrator

Contact ECOMP

Help

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



Have you been hurt on the job?

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

If you are a **Federal Employee** you may also file a claim for benefits under the Federal Employees' Compensation Act (FECA). Depending upon your agency, start by filing **OSHA's Form 301**, then file a claim using either form

CA-1 (for traumatic injury) if you have received an offer of compensation under the Act, or **CA-7 (Claim for Compensation)** if you have not.

[File Form](#)

Track status of form

 Enter ECN or DCN

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

Need to upload a document?

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

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

 [Access Case & Upload Document](#)

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

Additional Training



UNITED STATES DEPARTMENT OF LABOR
ECOMP

Reviewing Forms
as a Supervisor



Introduction

Reviewing
OSHA
Form 301

Reviewing
Form CA-1

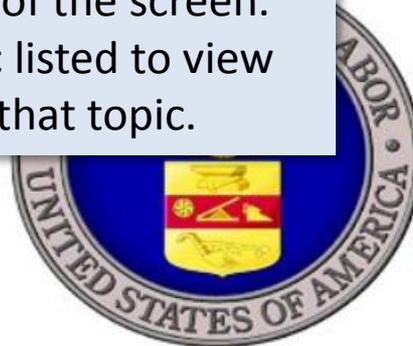
Reviewing
Form CA-2

Reviewing
Form CA-7

Reviewing
Form CA-
7a

Reviewing Forms as a Supervisor

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



ECOMP User Guide

Additional Training



UNITED STATES DEPARTMENT OF LABOR
ECOMP

Reviewing Forms
as a Supervisor



Introduction

Reviewing
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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. Examples of traumatic incidents, within a single workday, include: a dog bite, a slip and fall, or a traumatic injury.

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

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

For each topic you can view either a written tutorial or view the actual steps via screen recording that will walk you through the necessary actions step by step.