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# FSIS DIRECTIVE

4810.1  
Revision 4

8/24/21

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## ON-THE-JOB INJURY AND ILLNESS COMPENSATION PROGRAM

### CHAPTER 1- INTRODUCTION

#### I. PURPOSE

A. The purpose of this directive is to assist employees through the workers' compensation (WC) injury and illness process and to:

1. Provide instructions to management and supervisors for injury and illness cost reductions and return-to-work programs;
2. Establish the responsibilities and procedures for managing and administering the FSIS injury and illness compensation program; and
3. Summarize the benefits and entitlements provided under the [Federal Employees' Compensation Act \(FECA\)](#) for Federal employees who sustain injuries and illnesses in the performance of work.

B. This directive was completely revised to update the guidance and procedures for the On-the-Job Injury and Illness Compensation Program.

#### II. CANCELLATION

FSIS Directive 4810.1, Revision 3, *On-the-Job Injury and Illness Compensation Program*, 2/4/13

#### III. BACKGROUND

A. Compensation is the financial sum the injured employee receives for loss of wages. It is subject to an individual case review of the facts of the injury and the amount of duty time lost. An employee who sustains a pay loss attributable to a work-related injury or illness is eligible for the following compensation as appropriate:

1. Permanent total disability;
2. Partial disability;
3. Schedule award (additional compensation provided for specified periods for permanent loss or loss of use of certain members, organs, or functions of the body. Awards also cover serious disfigurement of the head, face, or neck); or
4. Compensation to dependents of deceased employees.

B. The FSIS On-the-Job Injury and Illness Compensation Program (WC Program) provides employee compensation for lost wages and medical expenses resulting from workplace injuries. The goal of the WC Program is to have employees return to work as soon as they are “medically able.” Thus, it is critical for FSIS management officials and Human Resources Directors to work together to effect return to work efforts for injured employees.

C. The FSIS Human Resources Business Systems Division (HRBSD), Work/Life Services Branch, administers the WC Program in accordance with [FECA](#) and USDA Department Regulation [DR 4430-005](#).

D. This directive applies to all Federal civilian employees of FSIS covered by FECA regardless of type or duration of appointment.

#### **IV. RESPONSIBILITIES**

##### **A. Office of Management (OM).**

Ensures supervisors and managers receive training regarding WC and the benefits of return-to-work programs.

##### **B. FSIS WC Group.**

1. Provides oversight, coordination, and monitoring of the WC Program to include submission of claim forms and data (See Chapter 1, Section V. for a listing of claim forms);
2. Ensures supervisors and managers are trained in their responsibilities in WC and the benefits of return-to-work programs;
3. Establishes and maintains a liaison with the Department, OM, and the Department of Labor (DOL);
4. Ensures Agency policies and procedures are compliant with FECA; and
5. Provides technical advice, functional guidance, and policy interpretation on all aspects of the WC Program to the Agency and its employees.

##### **C. FSIS Supervisors.**

1. Provide employees with the appropriate [forms](#) to report a work-related injury or illness;
2. Ensure that employees know when and how to report work-related injuries and illnesses and send injured employees for medical treatment when an injury is reported. If an employee refuses treatment for a reported injury, the supervisor documents the facts of the situation as reported and investigates, as necessary. The supervisor retains the documentation for possible future use;
3. Complete the supervisor’s portion of injury or illness compensation forms and email them to [askworkerscomp@usda.gov](mailto:askworkerscomp@usda.gov) within 24 hours of receipt. Ensure the information provided on the forms is accurate and complete to the best of their knowledge. Obtain statements from employees who may have information relevant to the injury or illness;
4. Communicate with injured employees at the beginning of and prior to the end of the medical temporary disability period (i.e., absence away from work). Correlate and

communicate with the WC Group when the employee's medical status changes or a job suitable for their return has been identified;

5. Work with the WC Group for a resolution when there are questions regarding an employee's right to continuation of pay (COP) for a submitted traumatic injury claim. Notify the employee of any issues or questions and let them know why, if the WC Group determines controversion of the COP is required (See Chapter 3 Section VI for the process). Controversion is the formal administrative procedure through which the employing agency or the supervisor presents evidence to question an employee's claim of COP; and
6. Advise the employee on appropriate leave entitlements associated with their claim.

#### **D. FSIS Employees.**

1. Promptly and accurately complete all DOL WC forms for all work-related injuries or illnesses and provide the forms to their supervisor within 48 hours. If an employee is unable to report an injury or illness, a friend, relative, co-worker, or supervisor can report the injury or illness on behalf of the employee. Ensure the information provided is accurate and complete, including obtaining statements of employees who witnessed the injury or illness.
2. Indicate leave desired (e.g., sick leave, annual leave, or COP), if the employee is unable to return to work;
3. Obtain documentation from the physician stating the earliest date to return to work in either a limited or full duty capacity. Provide the treating physician with a Medical Provider Notice which identifies the Agency's return-to-work programs (See Chapter 4);
4. Email medical documentation to both the WC Group at [askworkerscomp@usda.gov](mailto:askworkerscomp@usda.gov) and DOL's Employees' Compensation Operations & Management Portal at [ECOMP - U.S. Department of Labor \(dol.gov\)](https://ecomp.dol.gov), respectively, as soon as possible to support medical expenses and any period of absence. FSIS will properly maintain OWCP records within the Privacy Act System of Records. Provide medical documentation within 10 calendar days of requesting the initial COP for an absence related to a work-related injury, (or within 48 hours for subsequent days); and
5. Return to a duty status (e.g., regular status, work hardening, or alternative duty assignment), as soon as medically feasible (See Chapter 4).
6. Communicate with supervisor at the beginning of and prior to the end of the medical temporary disability period (i.e., absence away from work).

**E. Human Resources Operations Division.** Human Resources staffing specialists and assistants coordinate with the WC Group in efforts to return employees to meaningful employment.

**F. Office of Employee Experience and Development (OEED) Center for Learning.** Coordinates with the WC Group to determine required periodic training about the Agency's WC Program and its delivery modes.

## V. FORMS USED WITH WORK-RELATED INJURY OR ILLNESS CLAIMS

Supervisors are to maintain or have ready access to an adequate supply of the listed forms located at [Forms | U.S. Department of Labor \(dol.gov\)](#).

CA-1	Federal Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation
CA-2	Notice of Occupational Disease and Claim for Compensation
CA-2a	Notice of Recurrence
CA-3	Report of Work Status
CA-5	Claim for Compensation by Surviving Spouse and/or Children
CA-5b	Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren
CA-6	Official Supervisor's Report of Employee's Death
CA-7	Claim for Compensation
CA-7a	Time Analysis Form
CA-7b	Leave Buy Back (LBB) Worksheet/Certification and Election
CA-16*	Authorization for Examination and/or Treatment
CA-17	Duty Status Report
CA-20	Attending Physician's Report
CA-35A	Evidence Required in Support of a Claim for Occupational Disease
CA-35B	Evidence Required in Support of a Claim for Work-Related Hearing Loss
CA-35C	Evidence Required in Support of a Claim for Asbestos-Related Illness
CA-35D	Evidence Required in Support of a Claim for Work-Related Coronary/Vascular
CA-35E	Evidence Required in Support of a Claim for Work-Related Skin Disease
CA-35F	Evidence Required in Support of a Claim for Work-Related Pulmonary Illness
CA-35G	Evidence Required in Support of a Claim for Work-Related Psychiatric Illness
CA-35H	Evidence Required in Support of a Claim for Work-Related Carpal Tunnel
OWCP-5a	Work Capacity Evaluation Psychiatric/Psychological Conditions
OWCP-5b	Work Capacity Evaluation Cardiovascular/Pulmonary Conditions
OWCP-5c	Work Capacity Evaluation for Musculoskeletal Conditions
OWCP-915	Claim for Medical Reimbursement
OWCP-957	Medical Travel Refund Request

\*Form CA-16 is not available online. E-mail [askworkerscomp@usda.gov](mailto:askworkerscomp@usda.gov) to obtain this form.

## CHAPTER 2-ENTITLEMENTS

### I. FECA COVERAGE

**A. Compensation and Medical Care.** FECA provides compensation and medical care for disability due to injuries sustained while in the performance of duty. "Injuries" include diseases proximately caused by employment. An employee who is injured in the performance of duty can recover damages only through FECA.

**B. Death Benefits.** FECA provides payment of funeral and burial expenses and compensation for dependents if the work-related injury or illness results in the employee's death.

C. **Coverage.** FECA coverage is extended to Federal employees regardless of the length of time on the job or the type of position held. Benefits cannot be paid if injury or death is caused by willful misconduct, intent to bring about the injury or death of oneself or another, or by substance abuse of the injured employee. The employee or representative is to provide medical and factual evidence to establish the essential elements of the claim such as:

1. The claim was filed within the statutory time requirements of FECA;
2. The injured or deceased person was an employee within the meaning of FECA;
3. The employee sustained an injury or disease; and
4. The employee was in the performance of duty when the injury occurred, and the condition found resulted from the injury.

D. **Recurrence Claim.** When an injured employee is again disabled after returning to work, without sustaining a new injury, and stops work as a result of the original injury, there is coverage under FECA. A recurrence is claimed on Form [CA-2a](#), *Notice of Recurrence*.

E. **Penalty.** Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain compensation, as provided by FECA, or who knowingly accepts compensation to which they are not entitled, is subject to felony criminal code provisions, punishable by a fine of not more than \$10,000 or imprisonment for not more than 5 years, or both.

## II. BENEFITS

FECA provides the following benefits to an employee who has sustained a traumatic injury or occupational disease.

A. **Medical Care.** An injured employee is entitled to receive:

1. Medical care when needed, provided by any FECA registered and qualified physician of the employee's choice;
2. Reimbursement for WC if the medical providers are enrolled in the FECA program; and
3. Reimbursement for travel and incidental expenses if the travel is necessary to receive medical care.

B. **COP in Cases of Traumatic Injury.**

1. **Entitlement.** An employee who sustains a disabling, work-related traumatic injury is entitled to continuation of regular pay for a period not to exceed 45 calendar days when medical documentation supports that the injury disabled the employee.
2. **Calculating the 45-Day Period.** The following days must be counted toward the 45 calendar days during which the employee's pay is continued:
  - a. The first day of COP is the day following the date of injury when there is immediate and continuing time lost due to the injury (i.e., consecutive days). The balance of the work shift on the date of injury is counted as administrative leave.

If injury occurred within a reasonable time before or after a shift (15 minutes per DOL), the date of injury is the first day of COP;

- b. Any partial day after the date of injury on which the employee is absent from work to see their physician or therapist (limited to no more than 4 hours per day). The employee is to submit to the supervisor and the WC Group medical documentation within 48 hours to receive COP for the absence;
- c. Weekends (i.e., non-workdays) are counted as days of COP when the medical documentation states the employee is disabled on the day before and the day after the weekend (i.e., non-workday); and
- d. For intermittent (i.e., sporadic) use of COP, contact the WC Group for assistance in counting days.

### C. Compensation for Wage Loss.

1. **Compensation for Work-Related Injury or Illness.** An employee who sustains a pay loss attributable to a work-related injury or illness is eligible for the following compensation:
  - a. **Permanent Total Disability.** When an injury or illness causes permanent total disability, the employee is entitled to compensation until death. The rate of compensation for total disability is 66 2/3 percent of the pay rate at the time of disability or 75 percent if the employee has dependents. The employee is to submit medical documentation via e-mail to DOL OWCP at [ECOMP - U.S. Department of Labor \(dol.gov\)](mailto:ECOMP-U.S.DepartmentofLabor@dol.gov) on an annual basis to reaffirm receipt of disability compensation;
  - b. **Partial Disability.** An employee may receive compensation computed on loss of wage-earning capacity when unable to return to usual employment because of partial disability resulting from injury or illness by completing a Form [CA-7](#), *Claim for Compensation*; and
  - c. **Schedule Awards.** An employee may receive additional weeks of compensation for specified periods for permanent loss or loss of use of certain members, organs, or functions of the body by completing a Form [CA-7](#),. Awards also cover serious disfigurement of the head, face, or neck.
2. **Compensation to Dependents of Deceased Employees.** Dependents of deceased employees (e.g., whose death was due to an accepted work-related injury or illness) are entitled to the following benefits:
  - a. **Spouse without Dependent Children.** The spouse is entitled to 50 percent of the deceased employee's pay until death or remarriage. On remarriage, widow or widower receives a lump sum equal to 24 times the monthly compensation being paid. If such remarriage occurs on or after age 55, the lump sum payment will not be made, and the monthly compensation will continue until the beneficiary's death.
  - b. **Spouse with Dependent Children.** The spouse receives 45 percent of the deceased employee's pay. Each child receives 15 percent. The maximum combined benefit for spouse and children cannot exceed 75 percent of the employee's pay. A child is to meet the following criteria for compensation:

- i. A child is entitled to compensation until the child dies, marries, or reaches 18 years of age (unless the child qualifies for benefits under paragraph ii below), or, if over 18 and incapable of self-support due to a physical or mental disability, becomes capable of self-support; and
- ii. A child is entitled to compensation if the child is between 18 and 23 years of age who has not completed 4 years of post-high school education and is regularly pursuing a full-time course of study.

### 3. Claiming Lost Salary.

- a. The injured employee has a choice of using sick or annual leave and not receiving OWCP compensation or using LWOP and claiming OWCP compensation. The injured employee makes the decision, not the Agency.
- b. The employee is to use Form [CA-7](#) to claim compensation for lost pay resulting from a traumatic injury. In the case of an occupational disease claim, the employee is to submit a [CA-7](#) the first pay period where there is a wage loss. For a traumatic injury, the employee is to submit a [CA-7](#) no later than the 40th day of COP if wage loss is expected to continue beyond the 45-day COP period.

### 4. Compensation Payments.

- a. Compensation payments can begin after wage loss commences and the medical evidence shows that the employee is unable to perform the duties of their regular job. In a traumatic injury, compensation for wage loss is payable after a 3-day waiting period following expiration of the 45 calendar days of COP. If disability exceeds 14 days beyond the expiration of COP, no waiting days are charged. In traumatic injury or occupational disease claims where COP is not payable, compensation for wage loss is payable after the 3-day waiting period. No waiting period is required when the disability causing wage loss exceeds 14 days.
- b. An employee must be in a LWOP status to receive compensation payments. Any day or fraction of a day in which pay loss occurs can be counted as a waiting day. Saturdays, Sundays, and holidays not falling within a period of leave can also be counted as waiting days.

**D. Reimbursement for Burial and Funeral Expenses.** If an employee's death results from a traumatic work injury or an occupational disease, an amount not to exceed \$1,000 can be paid for funeral and burial expenses. If the employee's death attributable to an occupational disease or traumatic injury occurs away from their home, official duty station, or outside the United States, an additional sum can be paid for transporting the remains home. A reimbursement cost of \$200 is paid to the personal representative of the deceased to terminate the deceased employee's status as an employee (e.g., completion of survivor forms).

## CHAPTER 3-CLAIMS MANAGEMENT

### I. FORMS PROCESSING

#### A. Reporting Procedures.

1. Supervisors are to submit completed Forms [CA-1](#), *Federal Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation* or [CA-2](#), *Notice of Occupational Disease and Claim for Compensation* to the WC Group at [askworkerscomp@usda.gov](mailto:askworkerscomp@usda.gov) within 24 hours of receipt from the employee.
2. The WC Technician is to forward the completed Forms [CA-1](#) or [CA-2](#) to DOL OWCP with jurisdiction within 14 calendar days from the date the employee or supervisor submits the traumatic injury or occupational disease claim. If required information is missing on the claim, the WC Technician is to obtain additional information from the employee or supervisor prior to forwarding the claim to OWCP.

#### B. Time and Attendance (T&A) Report.

1. **Approved Use of COP:** *When an employee uses transaction code 67 (OWCP Traumatic Injury Leave Taken, i.e., COP) on their T&A prior to the acceptance of their claim by DOL.* An employee or their supervisor is to use transaction code 67 on the T&A report to indicate that the employee is on traumatic injury leave. The WC Technician is to track the 45-calendar day period, calculating the period as indicated in Chapter 2, Subparagraph II. B. 2. The employee receives regular weekly pay during this period. When an employee leaves the workplace because of an injury (after the beginning of the employee's shift), the remainder of the shift for that day (the day of injury) is charged to administrative leave (code 66).
2. **Unapproved Use of COP:** *When an employee uses transaction code 67 on their T&A after their claim has been denied by DOL.* The employee is to correct their T&A to change code 67 to annual leave, sick leave, or LWOP for those hours previously recorded as code 67. If the employee codes their T&A as LWOP, a bill for overpayment of COP usage will be generated by the National Finance Center.

C. **Electronic Submission.** The WC Group is to submit employee claims to OWCP using electronic claims submission for Forms [CA-1](#), [CA-2](#), and [CA-7](#) via DOL's WC Employees' Compensation Operations and Management Portal case tracking system.

D. **Form CA-16, Authorization for Examination and/or Treatment.** This form is a contract authorizing medical treatment for a reported traumatic injury. The employee is to provide the treating physician with Form CA-16 and a medical provider notice (see Attachment 1) that identifies the Agency's Alternative Duty and Work Hardening return to work in-house programs. Employees are to use Form CA-16 only for a traumatic injury. The employee is to provide the completed Form CA-16 to their supervisor. The supervisor is to fax or e-mail the completed Form CA-16 to the WC



Technician as soon as they receive it from the employee. OWCP will only reimburse medical providers that are enrolled in the FECA program.

**E. Leave Buy-Back.** A financial cost to the employee is usually associated with a leave buy-back. An employee who uses accrued leave receives compensation at 100 percent of their usual pay entitlement. When converting the leave time to LWOP and accepting compensation from OWCP, the employee's pay is either 66 2/3 percent or 75 percent (based on dependents). The Agency receives a refund based on the difference. There are other implications when an employee chooses the leave buy-back option, (e.g., leave earning, retirement, holiday pay (if applicable), and impact on an employee's Thrift Savings Plan). Employees are to contact the WC Group at [askworkerscomp@usda.gov](mailto:askworkerscomp@usda.gov) for guidance in buying back leave used for absences during a work-related injury.

**F. Return to Work from Disability Status.** The supervisor is to notify the WC Specialist immediately when a disabled employee is able to return to work in a full duty or limited capacity. The WC Specialist is to prepare Form CA-3 when the employee returns to work, or the disability ends and forward the form to the appropriate OWCP office.

### III. AUDITING

**A. Chargeback.** OWCP uses the chargeback system to annually assess agencies for all costs associated with claims filed by their respective employees that are dispensed from the Employees' Compensation Fund. The WC Specialist reviews and documents verification of all assigned Agency chargeback codes for new cases. Errors are corrected with the WC Group within 60 days from receipt of the Form CA-801 postcard or other notification.

#### B. COP.

##### 1. WC Technician:

- a. Monitors usage of COP by the injured employee and verifies the appropriateness and accuracy of hours; and
- b. Maintains contact with the Financial Services Center, the injured employee, and the employee's supervisor or assigned district office to ensure injured employees are authorized to use claimed COP and that they are using it properly.

2. **Correcting Unauthorized COP.** Corrections to unauthorized use of COP are required in all cases. The WC Technician is to issue an instructional letter to the injured employee on a case-by-case basis to instruct the employee to submit a corrected T&A sheet for the affected pay period(s) using available leave options to replace unauthorized or excessive COP.

**C. Third-Party Settlements.** Any lawsuit involving an injured employee and a third party are to be monitored by the WC Group as part of the Agency's chargeback auditing practices.

### IV. FRAUDULENT CLAIMS

**A. Referrals to the Office of Inspector General (OIG).** The WC Specialist is to closely scrutinize fraudulent claims for possible referral to OIG. The WC Specialist retains a copy of a referral request (basis for referral, copy of the questionnaire, and any relative documents) with supporting evidence in a separate file (not the injury case file). OIG forwards cases without merit to the WC Specialist for any administrative action. Cases can be resubmitted for investigation should additional or new material facts surface. The WC Specialist is not to delay submitting claims to OWCP because fraud or abuse is suspected, and the claim is being referred (or is already under investigation) by OIG.

**B. Indicators and Warning Signs of Fraud and Abuse.** In processing or reviewing compensation claim files, supervisors and the WC Specialist are to watch for various indicators and warning signs with possible fraudulent or abusive claims. Examples of such indicators and warning signs are documented in Attachment 2.

## **V. THIRD-PARTY CLAIMS**

A. FSIS employees perform work in settings that can involve property and equipment that are not owned and managed by the Agency. Many injuries occur due to unsafe conditions that are created or not prevented by a third party. The following situations can involve third-party liability. As such, the employee is to file a third-party claim to recover any costs associated with that specific injury, to include medical and compensation costs. Examples of this can include:

1. A slaughter environment where plant management does not remove snow or ice from the steps leading to the government office, thereby contributing to an FSIS employee's injury from a slip or fall; and
2. A patrol inspector who is injured in an automobile accident while driving from one plant to another to perform inspection duties due to the act of another driver.

B. Employees are to report traumatic injuries on Form [CA-1](#) and occupational diseases or illnesses on Form [CA-2](#). Both forms contain the block titled, "Injury Caused by Third Party." Employees are to check the "Yes" block when a third party is liable for the reported injury. If not appropriate, employees are to check "No." Once the employee has completed their portion on the form, their supervisor is to review the form for accuracy and complete the supervisor's portion. When the supervisor is unsure of a third-party liability, they are to contact a WC Specialist for assistance. The WC Specialist is to advise the supervisor if the third-party indicator is appropriate.

C. FECA prohibits the employee from accepting the proceeds of a settlement without first satisfying the interest of the United States Government. If an employee initiates action to recover damages from the responsible party and a settlement results, the interests of the United States Government must be satisfied before a claimant accepts part of a settlement. The employee is to notify their WC Technician of their intent to take this action.

D. All third-party claims are to be properly identified before submission to OWCP to ensure that all Government funds paid for a work-related injury or illness caused by a third party are recovered to the maximum extent possible. On receipt of Forms [CA-1](#) or [CA-2](#), the WC Technician is to review the forms to determine if a third party was involved and whether the third party could be liable. If it appears there could be third-party liability and the third-party indicator is not checked, the WC Technician is to refer the matter to the WC Specialist for appropriate follow-up with the supervisor of

the injured employee. When the third-party indicator is checked, employees are to include a brief description of how the accident or illness occurred and include the following information, as appropriate:

1. Name and address of the property owner;
2. Vehicle police report;
3. Type of equipment involved; and
4. How, if any, a third party played a part in the accident or illness.

E. After identifying a potential third-party claim the WC Technician is to:

1. Determine whether the employee's supervisor or any other entity conducted an accident investigation of the incident. If so, the WC Technician is to obtain a copy of the report and the investigation file.
2. Forward the following items to OWCP:
  - a. A detailed written statement by the injured employee concerning the circumstances of the incident and statements from witnesses or other persons who have pertinent information;
  - b. The third party's name, address, and telephone number; and
  - c. A detailed description of the place where the incident occurred (including a diagram), and all circumstances concerning the incident.

F. Before reaching a settlement, the employee or the employee's representative is to contact OWCP. OWCP and FSIS monitor settlements due to third-party actions. Recoveries offset attorney's fees and expenses as well, as medical and compensation costs charged to the Agency. An employee retains 20 percent of the adjusted settlement figure before OWCP costs are deducted.

G. OWCP monitors use of the third-party indicators and decides when to direct an injured Federal employee to pursue a third-party claim. An employee who refuses to prosecute an action in their own name against the responsible third party after being asked to do so by OWCP can be denied compensation. Additional information can be found at [20 CFR Chapter 1 Subpart B Part 10 Subpart H Section 10.707](#).

H. OWCP provides the full range of medical and compensation benefits authorized by FECA while an action or suit is pending against a third party.

## **VI. CHALLENGE OR CONTROVERT**

A. **Claims.** The supervisor or other FSIS officials are to challenge work-related injury or illness claims when questionable circumstances surround those claims.

1. **Challenging a Claim When an Employee Has Not Elected or is Not Entitled to COP.**  
To challenge an employee's injury or illness claim, the supervisor is to complete appropriate blocks of Forms [CA-1](#) or [CA-2](#); include copies of any written, factual documentation to support their position of challenging the claim and attach this information to Forms [CA-1](#) or [CA-2](#) on submission to the WC Specialist. This information can be submitted at any time. The supervisor is to provide a copy of Forms [CA-1](#) or [CA-2](#) and supporting documentation to the WC Group to challenge the claim.
  - a. An example of acceptable supporting documentation could include prior issuance to employees of written instructions or warning letters, and Agency publications for proper use of Personal Protective Equipment (PPE) related to the current cause of the injury or illness. PPE could include hard hats, boots, gloves, etc.
  - b. Examples of work-related injury or illness claims that supervisors are to challenge include injuries or illnesses caused to an employee by their willful misconduct or intent to injure, intoxication, or the employee not complying with the Agency's policies regarding the use of PPE.
2. **Challenging a Claim When an Employee Has Elected or is Entitled to COP.** If the claim being challenged is a traumatic injury (not an occupational disease or illness) claim, the supervisor is to controvert any use of COP by completing the appropriate controversion block of Form [CA-1](#). The supervisor is to provide a copy of Form [CA-1](#) and supporting documentation to the WC Group to challenge the employee's claim.
3. **Controverting COP.** The supervisor or other FSIS official is to controvert the use of COP when:
  - a. The claim is being challenged; and
  - b. One of the nine factors listed in Section VI. B. is applicable to the claim.
4. **Final Determinations on COP Use.** OWCP makes all final determinations on the use of COP and can overturn the FSIS controversion, if appropriate.
5. **Benefits of COP.** While COP is a benefit injured employees are entitled to following a traumatic injury, situations exist where this benefit is not appropriate, and its use must be controverted or terminated. The employee's supervisor or the WC Technician can challenge an employee's use of COP, but the entitlement to use it cannot be terminated until:
  - a. OWCP makes the final determination of eligibility for use of COP and notifies the WC Technician to terminate its use for a particular claim;
  - b. The attending physician informs the WC Technician the employee is no longer disabled;
  - c. The 45-calendar day continuation-of-pay period expires;

- d. The time allowed for an employee to furnish the required medical documentation has expired with no such medical documentation being provided; or
- e. One of the nine factors listed in Section VI. B. is applicable to the claim.

**B. The Nine Factors to Controvert COP.** The following are the nine factors to challenge the termination or beginning of COP per DOL regulations, [20 CFR 10.200\(d\)](#), and [20 CFR 10.220](#):

1. The disability is a result of occupational disease or illness;
2. The claimant's status as an employee is defined by 5 USC, 8101(1)(B) or (E), which refers to persons serving without pay or nominal pay, and to persons appointed to the staff of a former President;
3. The employee is a foreign national employed outside the United States or Canada;
4. The injury occurred off the employer's premises and the employee was not engaged in official "off-premises" duties;
5. The injury was caused by the employee's willful misconduct, intended to bring about the injury or death of themselves or another person, or their intoxication was the proximate cause of the injury;
6. The injury was not filed on Form [CA-1](#) within 30 days following the injury;
7. Work stoppage first occurred more than 45 calendar days following the injury;
8. The employee first reported the injury after employment was terminated; or
9. The employee is enrolled in the Civil Air Patrol, Peace Corps, Job Corps, Youth Conservation Corps, or other similar groups.

## **VII. PROGRAM MONITORING**

The WC Group monitors all cases referred to the Vocational Rehabilitation Program (VRP) on a continuous basis to ensure the participant's compliance with eligibility requirements under the VRP, assist in assuring that the participant successfully completes the training plan (if applicable), and ensure the final placement phase in the labor market. The WC Group conducts periodic contact with the OWCP Rehabilitation Counselor (RC) and updates the claimant's OWCP injury file related to VRP activity.

## **VIII. COMMUNICATIONS**

Program changes, actions, and results are communicated to Program Managers and others using Agency e-mail, conference calls, and video conferencing whenever possible. Program information is also communicated through Agency newsletters and training materials.

## **IX. HEARINGS**

A. **Right to Hearing.** If the claimant is not satisfied with a decision by OWCP, the employee is entitled to a hearing with an OWCP representative. This hearing is applicable if the claim for compensation was filed timely and the request for a hearing is made within 30 days after the date the decision is issued.

B. **OWCP Notification.** OWCP notifies the employee and FSIS of the hearing (e.g., date, time, location). FSIS notifies OWCP if a representative will attend the hearing.

### **C. Agency Attendance at a Hearing.**

1. The WC Group is to determine whether attendance at the hearing is necessary. If attendance is warranted, an Agency representative from the WC Group is to become familiar with the facts and issues involved in the case to include grievance, arbitration, and Equal Employment Opportunity, if any, and be prepared to testify at the hearing, if requested. However, the primary role of the Agency representative is to observe without questioning the claimant or making any argument.
2. The OWCP hearing representative can make a specific request for the Agency representative to give oral testimony based upon the claimant's evidence. The Agency representative can also be cross-examined by the claimant or the claimant's representative. If the hearing appears to involve any questions of legal interpretation of FECA, the Agency representative is to contact OWCP.
3. The Agency receives a copy of the hearing transcript. The WC Specialist is to review the transcript and forwards comments to OWCP within the timeframe provided, which is normally 20 calendar days. WC specialists are to use Attachment 3 to request comments from appropriate Agency officials.

## **X. INJURY COMPENSATION CASE FILES**

A. The WC Group is to establish electronic files for each new work-related injury or illness and is to file them by name in files separate and apart from the employee medical file and the official personnel file. The WC Group is to maintain the files; however, they are under OWCP's jurisdiction. The files are subject to OWCP Records Retention Schedule.

B. Individual case files are protected by the Privacy Act. Only the employee, the employee's representative (if one has been designated), and Agency personnel on a need-to-know basis can have routine access to a particular file. These individuals are to submit file review requests to OWCP in writing.

## **XI. PENALTIES**

A. A number of statutory provisions make it a crime to file a false or fraudulent claim or statement with the Federal Government in connection with a claim under FECA, or to wrongfully impede a FECA claim. Included among these provisions are sections 287, 1001, 1920, and 1922 of [18 U.S.C.](#) Enforcement of these and other criminal provisions that can apply to claims under FECA are within the jurisdiction of the Department of Justice.

B. Administrative proceedings can be initiated under the Program Fraud Civil Remedies Act of 1986, [31 U.S.C. 3801-12](#), to impose civil penalties and assessments against persons who make, submit, or present, or cause to be made, submitted or presented, false, fictitious or fraudulent claims or written statements to OWCP in connection with a claim under FECA. DOL's regulations implementing the Program Fraud Civil Remedies Act are found in [29 CFR Part 22](#).

### **XIII. INSTANCES OF DEATH**

A. Upon notification of an employee death from a Human Resources Employee Services Section Specialist or district office, if there is an active or pending WC claim previously made by the employee, the WC Specialist is to notify the DOL of the claimant's death.

B. If the employee's death was work-related (or believed to be), the WC Specialist is to request Form [CA-6](#), *Official Supervisor's Report of Employee's Death* from the employee's supervisor and forward it to DOL for processing. The WC Specialist is also to advise the Department's Office of Human Resources Management of possible death gratuity payment.

## **CHAPTER 4-RETURN TO WORK AND VOCATIONAL REHABILITATION**

A. **Assigning Work.** Employees who file a claim with OWCP for a traumatic injury or occupational disease or illness and are restricted from full duty resulting in lost time, will be returned to work as soon as medically possible. When a medical release from a physician includes "light or alternate duty" restrictions, supervisors are to assign employees work as part of the Agency's Alternative Duty Program (ADP). This program includes assigning work:

1. Within an employee's accepted medical restrictions;
2. Within the employee's current duty station or commuting area;
3. At one or more duty points; and
4. Using a combination of inspection and administrative tasks for which the employee is trained or can be trained using on-the-job training.

### **B. Responsibilities.**

1. **Employees.** Failure to follow these procedures can compromise benefits or result in disciplinary or adverse action:
  - a. Generally during the first appointment, give the physician the Agency's Medical Provider Notice (see Attachment 1) referencing return-to-work programs and in cases of traumatic injury, a copy of Form CA-16. Ask the treating physician to use Form CA-16 or other acceptable medical paperwork, to document the employee's medical restrictions resulting from the injury;
  - b. Immediately but no later than 48 hours after treatment, provide the supervisor with medical release certificates to return to duty with any physical restrictions noted; and

- c. Report to alternative duty assignment when and where directed and perform assigned tasks.

2. **Supervisors** are to:

- a. Provide the injured employee with Form CA-16 (traumatic injuries only) and the Agency's Medical Provider Notice to give to the treating physician.
- b. Contact the WC Group immediately upon receipt of a medical release with performance or duty restrictions as noted on Form CA-16 or other forms or medical slips. E-mail a copy of the medical documentation to the WC Group at [askworkerscomp@usda.gov](mailto:askworkerscomp@usda.gov).
- c. Upon receipt of [FSIS Form 4610-11](#), *Alternative Duty Assignment Worksheet* (level 2 e-authorization is needed to access this form) and ADP letter (see Attachment 5) from the WC Group, identify which tasks could be assigned at any and all work locations in the commuting area of the employee's duty station. This includes inspectional or administrative tasks in support of the Agency's mission that are within the direct or delegated jurisdiction of the supervisor. Communication between the supervisor and program office is required when assigning alternative duties to employees. Office of Field Operations supervisors are to communicate with the district office.
- d. Return the completed [FSIS Form 4610-11](#) to the WC Group by e-mail by the date indicated in the Alternative Duty Assignment Memo (see Attachment 4).
- e. Where the employee is released to alternative duties, issue the ADP letter received from the WC Group to the employee describing alternative duty tasks that will be temporarily assigned during the recovery period.

3. **WC Group** is to:

- a. Upon notification by a supervisor that an employee has been released with medical restrictions, forward the ADP letter and Alternative Duty Assignment Worksheet to the supervisor by fax or e-mail.
- b. On receipt of the completed Alternative Duty Assignment Worksheet from the supervisor, review tasks identified for medical suitability and forward the alternative duty assignment memo to the supervisor to issue to the employee. The WC Group sends the district/program office a copy of the memo for approval of the assignment.
- c. Be aware the initial assignment under this program may not exceed 90 days. Extensions may be granted for an additional 30 days when appropriate and where updated medical documentation substantiates the need for an extension. Only under very limited circumstances will additional extensions be granted beyond a total of 120 days in an alternative duty assignment. Approval authority for extensions resides with the WC Group after consultation with the affected employee's appropriate supervisory channels.



- d. Process Form SF-52, Request for Personnel Action, for documentation purposes for details to unclassified duties for 30 days or more. Provide copies to the employee and supervisor.

### **III. THE WORK HARDENING PROGRAM (WHP)**

A. **Benefits.** Employees recovering from work-related injuries or illnesses are often released to return to their assignments with the ability to perform all the elements of their positions, but for a limited number of hours daily. The WHP allows employees to return to work with such medically imposed restrictions on a progressively increased work schedule over a specific period as stated in an agreement and signed by the employee. WHP agreements are based on medical documentation and established by the WC Group in consultation with the appropriate program office, the affected employee, and their supervisor.

B. **Duration.** The duration of this program is generally 2 weeks to 3 months, although under unusual circumstances there may be extensions. The minimum assignment may be as short as 2 hours per day. For in-plant employees, the employee's exact starting time during the shift is at the discretion of the supervisor or district/program head. An example of a work hardening schedule is:

1. 4 hours per day for the first 2 weeks;
2. 6 hours per day for the next 2 weeks;
3. 8 hours per day for the final 2 weeks; and then
4. Return to full duty.

C. **Procedure.** Work schedule adjustments to the injured employee's agreement may be made as necessary when supported by appropriate medical documentation. Adjustments require concurrence by the supervisor or district/program head. The WC Group is to prepare and distribute a revised agreement incorporating the adjustments.

#### **D. Agreement Outlining Provisions of Return to Duty.**

1. Once an injured employee has been approved to participate in the WHP, the WC Group is to provide the employee a written agreement outlining the terms and conditions of the WHP (see Attachment 6). The agreement is to include the specifics of the WHP, the dates of return to duty, and the progressive hours of work.
2. The injured employee is given 7 calendar days after receiving the agreement to accept or decline the offer. The employee's decision is to be in writing (see Attachment 7). A declination of a work hardening agreement can be cause for OWCP to terminate benefits if reasons for the declination are unacceptable to OWCP. Failure to respond within the prescribed timeframe is considered a declination.

### **IV. JOB OFFERS**

A. Long-term claimants (current employees who are no longer on the active roster and former employees) in receipt of compensation for work-related injuries or illnesses that have reached an acceptable level of improvement can be extended job offers. Individual circumstances, such as job availability and medical restrictions, will dictate Agency job offers to long-term claimants. Human Resources makes the job offers, which include, at a minimum, the following information:

1. Work location;
2. Job title, pay, and hours;
3. Accepted medical restrictions;
4. Physical requirements of job;
5. Effective date of assignment;
6. Relocation information, if applicable; and
7. Acceptance or declination statement to be completed and returned.

B. The WC Group is to provide OWCP with copies of job offer letters, as well as completed acceptance or declination statements indicating the employee's intentions toward the offer. Declination of a job offer can be cause for OWCP to terminate benefits. A non-response to a job offer is considered a declination of the offer.

## **V. REASONABLE ACCOMMODATION (RA) PROGRAM**

A. FSIS will manage the WC Program and RA Program concurrently. For additional information on the RA Program see [FSIS Directive 4306.2](#), *Reasonable Accommodation and Accessibility for People with Disabilities*.

B. The WC Group is to collect and maintain medical information and documentation regarding an employee's OWCP claim on separate forms and keep them in a separate medical file along with other information required to be kept confidential under the Rehabilitation Act/Americans with Disabilities Act. The WC Group will also keep medical information confidential even if the individual is no longer an employee.

## **VI. Vocational Rehabilitation Program (VRP)**

A. Candidates for OWCP's VRP include injured employees who are at a point of maximum medical improvement from their work-related injury or illness and have permanent medical restrictions that will not allow them to return to:

1. Their day-of-injury job;
2. A similar job within the Agency; or
3. Another suitable job within the Agency.

B. The VRP allows claimants to seek employment in other occupations and with other employers when no other options within the Agency are suitable based on documented medical restrictions. The WC Group is to recommend claimants eligible to enter the VRP to the OWCP Claims Examiner.

C. An OWCP Rehabilitation Counselor (RC) manages the VRP. The RC assigns cases to an OWCP contracted nurse to work directly with the claimant to identify current skill sets, administer skills level testing, and recommend either a training plan or immediate job placement in the local labor market. The claimant's compensation is reduced or eliminated based on completion of the training plan and the employment placement phase.

## **VII. ADDITIONAL INFORMATION**

For additional information about the On-the-Job Injury and Illness Compensation Program contact the WC Group at 877-FSIS-HR1 (877-374-7471) or [FSISHR1@usda.gov](mailto:FSISHR1@usda.gov) with the subject "Workers' Compensation."

A handwritten signature in black ink, appearing to read "Rachel A. Edelstein". The signature is fluid and cursive, written in a professional style.

Assistant Administrator  
Office of Policy and Program Development

**ATTACHMENT 1  
MEDICAL PROVIDER NOTICE**

Dear Medical Provider:

In order to provide better customer service for you and your patient, we are providing you with this information.

All bills should be submitted to the following address after the claim number has been assigned:

U.S. Department of Labor  
Office of Workers' Compensation Programs  
P.O. Box 8300  
London, KY 40742-8300

**When submitting bills for payment use a HFCA-1500 or UB-92 only. All other billing forms will be returned and delay payment for your facility.**

The Office of Workers' Compensation Program (OWCP) has consolidated its medical authorization and bill payment process. You may call that automated system at (866) 335-8319 about medical authorization or to check on the status of a bill/reimbursement. We recommend monitoring the status of bill processing at <https://owcpmed.dol.gov/>. If you need to speak with a representative, call (844) 493-1966, Monday – Friday, 8 AM – 8 PM, ET.

**NOTE: You will not be able to obtain any information until you have the nine-digit claim number assigned by OWCP. You will not be given the claim number using this system. OWCP will not pay any bills without medical documentation.**

**Regardless of any authorization, the medical provider must be enrolled with the central bill payment and medical authorization unit. [To enroll, fax the enrollment application to \(888\) 444-5335.](https://owcpmed.dol.gov/)**

Sincerely,

## **ATTACHMENT 2 INDICATORS OF POTENTIAL FRAUD**

Supervisors and WC Technicians need to consider all possible indicators and warning signals of fraud when reviewing and processing claims. If any of these indicators are identified, supervisors and WC Technicians are to contact the WC Specialists for guidance. The following list is not all-inclusive:

1. Employee regularly participates in physically demanding activities (e.g., sports and farming).
2. Medical treatment for documented diagnosis is not consistent with the claimed injury or illness.
3. Employee changes physician of record unexpectedly after they have started the claim process as indicated by medical documentation (e.g., physician's name differs from original documentation) received by the WC Group.
4. Employee has a secondary job; injury or illness may have occurred or been caused by the secondary employment.
5. Injury or illness occurs after notification or announcement of functional transfer or reduction in force.
6. Injury or illness occurs after a leave request is denied.
7. Employee has a history of leave abuse. Supervisors are to obtain copies of employee payroll leave and attendance records and forward this information to a WC Specialist for review.
8. Employee has a history of personal or financial problems.
9. Employee fails to identify witnesses even though the injury or illness occurred in an area where it should have been observed.
10. Incriminating witness statements are obtained from others.
11. Employee submits false or altered forms.
12. Injury or illness occurs when disciplinary action is pending.
13. Employee claims they made payments to physicians without medical reports to substantiate the payments as related to the accepted injury or illness.
14. Filing of a claim is not timely and the employee is not sure of data, such as the date and time of injury or illness.
15. Employee changes the description of how the injury or illness occurred.

16. Employee has concealed information regarding a previous injury or illness, physical condition, or a medical problem.
17. The stated disability is inconsistent with the requirements for total disability.
18. Chargeback reports reflect little or no costs for the claim associated with medical payments, yet the claimant is on long-term compensation.

**ATTACHMENT 3  
SAMPLE HEARING TRANSCRIPT TRANSMITTAL**

To: Subject Matter Expert  
From: Workers' Compensation Specialist  
Subject: Review of Hearing Transcript

Enclosed is a copy of a hearing transcript from the U.S. Department of Labor covering claim number: [INSERT CLAIM NUMBER]. The claimant's name is contained in the transcript. This transcript records a hearing that occurred as a result of the claimant questioning an adverse decision made by the Office of Workers' Compensation Program (OWCP) involving said claim.

You have been chosen to review the transcript because of your expert knowledge of the circumstances surrounding this claim.

Please review the transcript in the context of the following:

- Facts of Injury – Whether the claimant actually experienced the event that is alleged to have occurred and whether the accident or employment factor resulted in an injury or disease.
- Performance of Duty – Whether the claimant was performing assigned duties or engaging in an activity that was reasonably associated with the employment.
- Causal Relationship – Whether the medical documentation establishes a connection between the facts of the injury and the condition found.

Please pay special attention to the highlighted sections of the transcript.

Because there are strict timeframes for our review of the hearing transcript, provide your comments back to me via email within 5 workdays.

I appreciate your prompt response to this memo. If you have any questions, feel free to contact me via email or by telephone at [INSERT SPECIALIST'S PHONE NUMBER].

For your information I have enclosed the appropriate OWCP regulations that cover how an oral hearing is conducted and how a review of the written record is made.

Enclosure

cc: Appropriate Distribution

**ATTACHMENT 4  
SAMPLE ALTERNATIVE DUTY ASSIGNMENT MEMO**

**ALTERNATIVE DUTY ASSIGNMENT MEMO**

Food Safety and  
Inspection Service

**DATE:**

Office of  
Management

**TO:**

**FROM:**

\_\_\_\_\_  
Supervisor's Signature

and

\_\_\_\_\_  
Date

Office of Human  
Resources Business  
Division  
Work/Life  
Services Branch

**SUBJECT:** Return to Work Instructions

920 2<sup>nd</sup> Avenue S.,  
Suite 1300  
Minneapolis, MN  
55402

Based on the most recent information received from your medical provider and reviewed by the assigned WC Specialist, we are pleased to inform you that we are able to return you to work using the Agency's Alternative Duty Program (ADP). You will be assigned alternative duties during your recovery period, with the intent of eventually returning you to your permanent assignment.

1-877-FSIS-HR1  
(1-877-374-7471)  
F: (844) 876-9473

The attached list identifies alternative duties of a sedentary nature. Those duties that are checked have been identified as existing in your duty station and/or commuting area and are within your documented medical restrictions. You are expected to perform those tasks for the duration of the alternative duty assignment. If you feel the alternative duties being assigned are not compatible with your medical restrictions, please contact \_\_\_\_\_, in the Workers' Compensation Group at the number shown above.

Donning and Doffing must be completed within the hours that you are working.

Your alternative duty assignment begins on \_\_\_\_\_ and ends on \_\_\_\_\_ unless directed by your medical provider.

You are instructed to report for work on \_\_\_\_\_ at \_\_\_\_\_ (time). Please report to \_\_\_\_\_ at the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**ATTACHMENT 5  
SAMPLE LETTER FOR POTENTIAL ALTERNATIVE DUTIES**

**ALTERNATIVE DUTY PROGRAM (ADP)**

Food Safety and  
Inspection Service

**DATE:**

Office of  
Management

**TO:**

**Supervisor**

Office of Human  
Resources Business  
Division  
Work/Life  
Services Branch

**FROM:**

**Workers' Compensation Specialist**

920 2<sup>nd</sup> Avenue S.,  
Suite 1300  
Minneapolis, MN  
55402

**SUBJECT:** Potential Alternative Duties for \_\_\_\_\_

The above-identified employee has been off work since \_\_\_\_\_ due to a work-related injury or illness. He or she recently received a medical release that allows him or her to return to work with specific restrictions. As such, we will be returning him or her to the workplace as soon as possible. Supervisors play a critical role in this process.

Workers' compensation is an important benefit for our employees, and we want to ensure those who qualify receive the compensation they are entitled to. At the same time, we also understand it is beneficial to the employee and the Agency when we are able to return them to the workplace in some capacity as early as possible in their recovery period. To accomplish this process, we have the following two programs at our disposal:

**Work Hardening Program:** This program is appropriate when an employee has recovered sufficiently to perform all the functions of his or her position, but their condition is such that he or she cannot perform the functions for a full workday.

**Alternative Duty Program (ADP):** This program is appropriate when an employee has medical restrictions resulting from a work-related injury and cannot perform their regular duties because of the physical demands, even for part of the workday. However, the individual can perform an alternative set of duties for the entire workday. The program allows for this assignment to be for a limited time period while the employee recovers further from their work-related injury or illness, which can then lead to a return to their regular assignment.

Based on the medical restrictions provided by the treating physician for your employee, it appears ADP is the process we will need to use to return him or her to meaningful employment while they complete the recovery period.

The enclosed worksheet outlines possible duties that could be assigned to your employee under ADP. Please review this list and indicate any duties which could be assigned to the employee on a temporary basis. Please also identify any

**ATTACHMENT 5 (CONTINUED)**  
**SAMPLE LETTER FOR POTENTIAL ALTERNATIVE DUTIES**

additional duties not listed which may be available in your employee's commuting area. Duties can be identified for possible assignment in a single plant setting, or a combination of plants. You may wish to consult with peer supervisors in the employee's commuting area, as well as your immediate supervisor, when identifying suitable duties.

The duties you identify on the enclosed Alternative Duty Assignment Worksheet should provide a full and productive work shift for your employee. The selected tasks will be evaluated for suitability based on the employee's medical restrictions. The Workers' Compensation Group will draft a letter listing appropriate alternative duties to be assigned by you. You should sign the letter and forward it to your employee. The assignment letter will include the effective starting date of the alternative duty assignment, the tasks to be performed, and the length of the assignment.

Please return the completed Alternative Duty Assignment Worksheet to me via fax or email at [INSERT SPECIALIST'S EMAIL] by \_\_\_\_\_. My fax number is 844-876-9473. If you have any questions, I can be reached at [INSERT SPECIALIST'S PHONE NUMBER].

Thank you for your prompt reply and assistance with this process.

Enclosure

cc: RMA, District Office  
Frontline Supervisor  
Deputy District Manager  
Supervisory Public Health Veterinarian  
Supervisory Consumer Safety Inspector

**ATTACHMENT 6  
WORK HARDENING AGREEMENT**

(DATE)

OWCP Case #

Dear:

Based on information received from your treating physician, \_\_\_\_\_, MD, I am pleased to inform you that you are able to return to work on a gradual schedule.

While maintaining this revised schedule, you will be performing your duties at your assigned duty station. Your physician may release you to full duties earlier than this schedule dictates.

Your schedule will be:

- Starting \_\_\_\_\_, work \_\_\_\_\_ hours per day, (*provide days, e.g., Monday-Friday, and times, e.g., 7:00 a.m. to 1:30 pm*) for a period not to exceed \_\_\_\_\_, (*provide circumstance: release to full duty or perhaps the date indicated as a next appointment with the treating physician*).

Your decision whether to accept or decline this offer must be in writing within seven (7) calendar days from the date of this agreement. The enclosed FSIS Form 4610-9, Acceptance/Declination Statement is provided for this purpose.

Sincerely,

Workers' Compensation Specialist

Attachment

CC: OWCP DISTRICT

**ATTACHMENT 7  
ACCEPTANCE OR DECLINATION STATEMENT**

EMPLOYEE NAME:

OWCP CASE NUMBER:  
DATE:

**PLEASE RETURN THIS SIGNED DOCUMENT TO THE WORKERS' COMPENSATION GROUP**

**PART A**

I voluntarily accept the work-hardening schedule as proposed and understand that I may return to full duties if my physician releases me.

---

Signature of Employee

Date

**PART B**

I decline this offer of work-hardening. I fully understand that if I decline this offer, I may be terminated or denied compensation benefits (except for medical benefits) if my reasons for declination of the offer are unacceptable to OWCP.

These are my reasons for declination:

---

Signature of Employee

Date

Failure to respond to this offer is considered a declination.