

DEPARTMENTS OF THE ARMY AND AIR FORCE
MARYLAND (ARMY AND AIR) NATIONAL GUARD
FIFTH REGIMENT ARMORY
BALTIMORE, MARYLAND 21201-2288

*MD (Army and Air) NATIONAL GUARD
TECHNICIAN PERSONNEL REGULATION
NUMBER 810-1

18 March 1988

TECHNICIAN PERSONNEL

FEDERAL EMPLOYEES' COMPENSATION

<u>Title</u>	<u>Paragraph</u>	<u>Page</u>
Purpose	1	1
Applicability	2	1
General	3	1
Forms	4	1
Responsibility	5	2
Coverage	6	2
Benefits	7	2
Authorizing Medical Treatment	8	4
Action/Reports Required at Time of Injury	9	5
Recurrence of Disability	10	7
Medical Expenses	11	8
Report of Death	12	8
Claims for Loss of Wages Due to Disability	13	9
Hearing, Reconsideration, Appeal	14	10
Representation	15	10
OWC District Office and Telephone Numbers	16	10
Employing Agency Address	17	10
Informational Reports	18	11
SPMO Investigative Function	19	11
Information/Comments	20	11

*This regulation supersedes TPR Regulation 810-1 dated August 1984.

1. PURPOSE. To establish procedures for administering claims for Federal Employees' Compensation (FEC) cases within this Agency.
2. APPLICABILITY. This regulation applies to all activities of this Agency with Federal employees hired under Title 32 USC 709.
3. GENERAL. In conformation with the purpose established by the Federal Employees' Compensation Act (FECA) (5 USC 8108 et. seq.) as outlined in Federal Personnel Manual 810, proper administration of FEC Cases will ensure the following:
 - a. Injury, occupational disease, and death cases are reported properly and within statutory limits to the Office of Workers' Compensation Programs (OWCP).
 - b. Employees are provided prompt medical care.
 - c. Employees/spouses/dependents receive authorized benefits.
 - d. Medical facilities and physicians furnishing medical care, are properly notified, furnished appropriate OWCP Forms, and receive prompt payment for services.
4. FORMS. Supervisors at all organizational levels are expected to maintain an adequate supply of the basic forms needed for the proper administration of Federal Employees' Compensation Act (FECA) cases. These forms may be obtained from the SPMO or preferably ordered directly from Publication Distribution Offices. The basic forms used in the administration of this program are listed below:
 - a. CA-1 - Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation.
 - b. CA-2 - Federal Employee's Notice of Occupational Disease and Claim for Compensation.
 - c. CA-2a - Notice of Employee's Recurrence of Disability and Claim for Pay/Compensation.
 - d. CA-3 - Report of Termination of Disability and/or Payment.
 - e. CA-5 - Claim for Compensation by Widow, Widower, and/or Children.
 - f. CA-5b - Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren.
 - g. CA-6 - Official Supervisor's Report of Employee's Death.
 - h. CA-7 - Claim for Compensation on Account of Traumatic Injury.
 - i. CA-8 - Claim for Continuing Compensation on Account of Disability.
 - j. CA-16 - Request for Examination and/or Treatment.
 - k. CA-17 - Duty Status Report.
 - l. CA-20 - Attending Physician's Report.

- m. CA-20a - Attending Physician's Supplemental Report.
- n. HCFA-1500 - Health Insurance Form.

NOTE: The employing agency address to be inserted in the appropriate blocks of all forms must be the address in paragraph 17. Addresses must be typed or written on all forms prior to issuance to employees, physicians, or hospitals.

5. RESPONSIBILITY.

a. The Support Personnel Management Officer (SPMO) is responsible for training and assisting supervisors in administering FECA Cases, updating procedures, and monitoring the overall administration of the FECA Program.

b. Supervisors are responsible for administering FECA Cases in accordance with this regulation.

c. Employees are responsible for giving written notice of injury, on Form CA-1 or CA-2, to their supervisor, keeping him/her informed of their work status due to a work related injury or occupational disease and for completing all other appropriate sections of CA Forms to claim compensation.

6. COVERAGE. The FECA provides compensation and medical care for all Army and Air National Guard excepted and competitive technicians of this Agency who are injured or receive an occupational disease while performing duties authorized in connection with a given job. Incidental duties directly connected with the performance of a given job are also considered assigned duties. Technicians who are in a State active duty status are not considered to be performing assigned duties in a technician status and are not covered under the FECA.

7. BENEFITS.

a. Medical Care. An injured employee is entitled to first aid and medical care for injury, including hospital care when needed. The medical care is to be provided by any duly qualified local physician or hospital of the employee's choice. When travel is necessary the injured employee may be furnished transportation and may be reimbursed for travel and incidental expenses.

b. Continuation of Pay (COP) Traumatic Injury.

(1) An employee who sustains a disabling job-related traumatic injury is entitled to continuation of regular pay for a period not to exceed 45 calendar days. This pay is subject to income tax and other deductions.

(2) For an employee to be eligible for the 45 days of COP, the injury must be traumatic, work related, and the attending physician must have indicated on his/her letterhead or on a Form CA-16 or CA-17 that the employee is temporarily totally disabled and unable to perform the duties of his position. When the supervisor receives notification that the employee cannot return to work due to the injury or the employee's work status cannot be verified, call the SPMO. After the employee's work status is verified, the supervisor will request COP by letter for a specified period of time. The SPMO will issue a certificate authorizing use of 45 days of COP. Copies of this certificate will be provided supervisors and civilian payroll

offices as applicable. Supervisors are to post T&A Cards in accordance with applicable Army and Air civilian pay system regulations.

(3) The OWCP is the final approving authority for COP. If COP is converted the SPMO will notify the employee, supervisor, and civilian payroll office. The supervisor would then adjust the employee's T&A for the affected period, allowing the employee to use any type of leave authorized to him/her to cover the period of injury.

(4) The 45 days of COP are interpreted as calendar days and if the employee has stopped work because of the disabling effects of the injury as indicated by the attending physician, the period starts at the beginning of the first full day or shift after the date of injury. The employee will be kept in a normal pay status for any fraction of a day or shift on which the injury was incurred with no charge to the 45-day COP period. If the employee only works for a portion of a day or shift, that day or shift will be considered as 1 calendar day (e.g., if physician only allows employee to work 4 hours per day for 1 week, employee would be charged with 5 days COP). If an employee is not immediately disabled as a result of the injury, the 45 days COP will commence on the first full day or shift when disability begins.

(5) An employee returning to work who has not used all 45 days, may continue to use COP for visits to the physician/hospital for a period of up to 90 days from the date COP was first used. However, he will be charged a full day COP regardless of the length of the visit.

(6) The 45 days of COP are not authorized for compensation cases involving disease or illness. Supervisors are to advise employees to use sick/annual leave.

(7) One day of COP will be charged for any of the following circumstances.

(a) Absent from duty due to disabling injury [entire/partial (portion of) day].

(b) Placed on light or restricted duty while at work, when such light or restricted duty would completely alter the individual's normal duty requirements. (This includes any injury related work restrictions imposed by a physician.)

NOTE: A complete alteration of duty requirements will require an SF-50 by the supervisor. Call the SPMO for guidance.

c. Compensation.

(1) Compensation for loss of wages is payable after employee is placed in a leave without pay (LWOP) status for 3 days, if the total wage loss is less than 14 days. Normally the employee suffering from a traumatic injury is placed on 45 days of COP first. No waiting period is required when there is a permanent disability or when wage loss exceeds 14 days.

(2) When an injured employee loses pay due to temporary total disability resulting from an injury, compensation is payable at the rate of $66\frac{2}{3}$ percent of the pay rate established for compensation purposes. The compensation rate is increased to 75 percent when there are one or more dependents. Dependents include a wife or husband, an unmarried child under 18 years of age or if over 18, incapable of

self-support, or a student (until reaching 23 years of age or completing 4 years of school beyond the high school level), and/or a wholly dependent parent.

(3) Compensation may not be paid while an injured employee receives pay for leave. The employee has the right to elect whether to receive pay for leave or to take LWOP and receive compensation for loss of wages.

d. Buy-Back of Leave.

(1) An employee may decide to take sick or annual leave, or both, to avoid possible interruption of income. If the employee elects to take leave and the claim for compensation is subsequently approved, the employee may arrange with the employing agency to buy back the leave used and have it reinstated to the employee's account. The compensation to which he/she is entitled, would pay a part of the buy-back cost and the employee would have to pay the balance. The amount the employee will be required to pay will depend on several factors such as the length of the period of disability and the amount of Federal Income Tax which is withheld from leave pay.

(2) The SPMO and civilian payroll offices will assist the employee in determining how much the buy-back cost would be in each case. An employee who uses leave and decides to buy it back, may file a claim for compensation on Form CA-7 while still in leave status. In the interim, the OWCP will consider and resolve any points at issue. Arrangements to buy-back leave must be made with the OWCP and coordinated with the SPMO and the appropriate civilian payroll office. The employee may request that compensation be paid directly to him/her or to the employing agency's account for the part of the pay-back cost which is covered.

e. Permanent Total Disability. When the injury causes permanent total disability, an injured employee is entitled to compensation until death unless the employee is medically or vocationally rehabilitated. Compensation for total disability equals 66-2/3 percent of the employee's pay and 75 percent when there is a dependent. The employee may receive additional compensation, not to exceed \$500 per month, when the services of an attendant are needed constantly because of the disability.

f. Partial Disability. An injured employee may receive compensation computed on loss of wage-earning capacity when unable to return to usual employment because of partial disability as a result of the injury. The compensation will equal 66-2/3 percent of the employee's loss or 75 percent of the loss when there is a dependent. The compensation will be paid so long as there is a loss of wage-earning capacity.

8. AUTHORIZING MEDICAL TREATMENT.

a. Injury by Accident. The CA-16 is used for injury by accident cases. An injured employee can not issue an authorization for examination or treatment on his/her own behalf.

(1) In cases of injury by accident, item 6A, of Form CA-16 is to be checked by the supervisor if he has personal knowledge that the employee was injured while in the performance of duty. When this item is checked, the form authorizes all necessary treatment with the exception of elective surgery.

(2) Item 6B of CA Form CA-16 is to be checked by the supervisor when there is doubt that the employee's disability was caused by the injury while in the performance of duty. When this item is checked the instructions as noted in item 6B apply.

b. Occupational Disease. The CA-16 may be used for disease or illness only with the approval of the OWCP. In disease or illness cases the SPMO, upon request, will contact the OWC district office for instructions. The SPMO will then notify the supervisor of the OWC decision. Providing prior approval has been obtained from the OWC, item 6B of CA-16 is to be checked to authorize examination or conservative treatment or both in case of disease or illness. The name of the OWC official authorizing/declining medical care must be indicated in block 7 of CA-16.

c. Emergency Treatment. In cases of traumatic injury where emergency treatment is necessary, the employee may contact the nearest qualified physician or hospital for initial treatment. If oral authorization for treatment is given by the supervisor, Form CA-16 and HCFA-1500 should be issued to the attending physician within 48 hours. Any additional necessary treatment shall be obtained as soon as possible at the employee's option from:

- (1) a United States medical officer or hospital,
- (2) the physician who provided the emergency treatment, or
- (3) another qualified local physician of the employee's choice.

Prior approval of OWCP and adequate justification is required when changing physicians. It is the duty of the supervisor to authorize initial adequate medical treatment for acute injuries, exclusive of disease, and to transport the employee for any treatment subsequently needed, to the physician in the manner established below. If unable to comply promptly with this requirement, the supervisor shall contact the SPMO for guidance. In the event contact with the SPMO is unsuccessful, communicate with the appropriate district office of the OWCP for instructions (see paragraph 16).

d. Recurrence of Disability. When it may reasonably be inferred that the disability is the result of an injury previously recognized as compensable by OWCP the supervisor may issue Form CA-16 to authorize examination, treatment, or both for a recurrence of disability. The supervisor may not authorize examination or treatment when OWCP has disallowed the original claim or when more than 6 months have elapsed since final action by OWCP.

9. ACTION/REPORTS REQUIRED AT TIME OF INJURY.

a. Traumatic Injury (Forms CA-1, CA-3, CA-16, CA-17, HCFA-1500). When an employee of this Agency suffers a traumatic injury, the immediate supervisor or the next higher supervisor will take the following action.

(1) Immediately arrange for medical examination/treatment. This includes arranging for someone to accompany the injured employee to the physician or hospital and transportation, to include an ambulance with staff, if the nature of the employee's injury requires professional handling.

(2) Notify the SPMO by telephone of the injury and obtain a log number. Place this number in the upper right hand corner of all the appropriate forms.

(3) Begin an information file (see paragraph 18).

(4) If time permits, utilizing Supervisor OWCP Checklist, complete Part A of CA-16 to authorize physician/hospital treatment, as necessary, for the effects of the injury. The CA-16, CA-17, and HCFA-1500, if feasible, should be given to the injured employee or to the attendant accompanying the employee to the physician/hospital. On completing the Forms, attending physicians are to be advised to read the instructions on the attachment to the CA-16 and HCFA-1500 for proper administration. All forms, in accordance with the instructions attached, should be sent by the physician/hospital direct to the SPMO as indicated in paragraph 17 of this regulation.

(5) Advise the employee to file a CA-1 to report the injury or ensure a CA-1 is prepared if employee is incapable. When practical give employee the injury OWCP Checklist. This should be done within 2 days, and forwarded to the SPMO even if no medical examination/treatment/bills are involved.

(6) Advise employee of the right to elect continuation of regular pay, or use annual or sick leave, if injury is disabling.

(7) Notify SPMO by telephone when an employee can not return to work due to physical limitations of the injury. The telephone call will be followed by a formal letter requesting COP. At the time of the telephone notification a cursory determination will be made as to authority to use 45 calendar days of COP, if physician has specified that employee can not return to work, a follow-up approval/disapproval letter from the SPMO will be sent upon receipt of the formal request. In cases where the attending physician has not properly documented the CA-16, CA-17, or signed a statement/certificate on physician/hospital letterhead, the SPMO will forward an additional CA-17 "Duty Status Report" to the attending physician or hospital to obtain a record of the physician's decision on the employee's work status. The employee should be advised that OWCP has the final say on the granting of COP.

(8) If employee remains disabled from work, provide him/her with a CA-17 and advise him/her to have two copies completed by his/her physician/hospital at time of each visit. One copy is to be forwarded to OWCP, the other to SPMO. The Form CA-17 is necessary to support medical bills and employee's continuing disabling work status. When he/she is released and can return to work, two copies of the CA-17 are to be completed by the physician/hospital. Two copies are to be hand carried back to work and given to the supervisor. The supervisor forwards the copies to SPMO. The 45 calendar days of COP stop on the day preceding the date the employee is released for work by the physician. If the employee refuses to return to work, the continued absence from work will result in an overpayment. The period of absence from the job which resulted in the overpayment will be determined by the OWCP in the course of adjudication of the claim. The supervisor and the employee will be notified of the period of disability which is approved by the OWCP and the supervisor may then require the employee to resolve any overpayment.

(9) Upon receipt of the CA-17 authorizing the employee to return to duty,

the supervisor must complete two copies of CA-3 "Report of Termination of Disability and/or Payment" and forward both copies to the SPMO.

b. Occupational Disease (Forms CA-2, CA-3, CA-16, and CA-17). When an employee of this Agency indicates he/she feels his/her sickness or illness was caused by a disease proximately caused by the employment, the supervisor must do the following:

(1) If an employee becomes sick or ill at work and the situation warrants, ensure employee is transported to a medical facility or physician of his/her choice, or if employee is unable to make a choice, to the nearest medical facility.

(2) Prior to authorizing medical care on a CA-16, call the SPMO for instructions. The SPMO will contact the OWCP for instructions and inform the supervisor of the OWCP decision on authorizing medical care. If OWCP does not approve medical care, employee must use whatever health insurance he/she has.

(3) Provide the employee with a CA-2 for reporting the occupational disease and upon receipt of the completed form return to the employee the "Receipt of Notice of Injury," which is attached to the CA-2.

(4) Advise the employee to furnish supporting medical and factual information, as requested on the Instruction Sheet on the reverse side of CA-2, as this information must accompany the CA-2 when it is submitted to OWCP. Following receipt of supporting documents from employee, the supervisor reviews to ensure all supporting documents are received as requested in the CA-2 Instruction Sheet. The CA-2 and supporting documents are then forwarded through SPMO to OWCP. A file copy must be retained in the supervisor's employee record folder.

(5) Advise the employee of the right to elect sick, annual or leave without pay leave pending adjudication of the claim by OWCP.

(6) Provide employee with two copies of the CA-17 to be taken to his/her physician to obtain interim medical reports concerning his/her duty status. Both copies are to be forwarded/hand carried to the supervisor, who in turn forwards them to SPMO.

(7) Upon receipt of the CA-17 authorizing the employee to return to duty, the supervisor must complete a CA-3 and forward through the SPMO to OWCP.

10. RECURRENCE OF DISABILITY (Forms CA-2a, CA-3, CA-4, CA-7, CA-16, CA-20, and CA-20a). The following procedures are to be used if, after the employee returns to work, the same injury causes any additional work stoppage:

a. Traumatic Injury Cases.

(1) Should an employee suffer a recurrence of disability and again stops work, and the initial claim has been approved by OWCP, the supervisor shall promptly complete a CA-2a. The employee shall advise the supervisor whether he/she wishes to continue to receive COP or charge the absence to sick, annual or leave without pay leave. Care should be taken to ensure that the employee has indeed suffered a recurrence or if the problem should be treated as a new injury. Consult SPMO for guidance.

(2) If the employee so elects, the supervisor shall again continue COP providing the 45 calendar days were not all "used" during the initial period of disability. This is applicable; however, only during the 90-day period beginning from the date the employee first returned to work following the initial disability. If a recurrence happens after the 90 days have expired the employee is no longer entitled to continue regular pay, although some of the 45 days may remain "unused." In such instances, the employee is entitled only to compensation payable by OWCP.

(3) If the 45-day entitlement is no longer authorized and the employee's physician certifies he/she is disabled for work, the OWCP will be responsible for initiating payment of compensation. In such instances the employee will file claim for any wage loss on the appropriate CA-7, CA-8, CA-20, and CA-20a (see paragraph 13 if employee goes on LWOP).

(4) If the recurrence happens less than 6 months following the most recent prior medical treatment received by the employee, the supervisor shall authorize required medical care by use of a CA-16 as indicated in paragraph 8a(1). If the recurrence happens more than 6 months after the most recent prior medical care, authorization for further medical care must be obtained from OWCP. Supervisors are to call the SPMO when authorization is required. The name of the OWCP official granting or declining medical care must be indicated in block 7 of CA-16.

b. Occupational Disease Cases.

(1) Following recurrence of disability and work stoppage, the supervisor will complete CA-2a and forward it through SPMO to the appropriate OWCP office in accordance with the instructions contained on the reverse of the CA-2a.

(2) If the employee wishes to claim compensation as a result of the recurrence and a CA-7 was not submitted following the original injury, one should be submitted at the time of the recurrence. If a CA-7 was previously submitted, compensation may be claimed by filing a CA-8 and CA-20a, with supporting medical evidence.

c. In all cases, when the employee returns to work or the disability ceases, the supervisor must complete a report on CA-3 and forward through SPMO to OWCP.

11. MEDICAL EXPENSES (Forms CA-16 and SF-1012). Physicians and hospitals should send their bills directly to the SPMO. Billing should be submitted on a HCFA-1500. Each fully itemized HCFA-1500 should be attached to the CA-16 by the physician or hospital, or billing may be listed in block 39, part B of CA-16. The injured employee may claim reimbursement for medical expenses which he has paid by sending properly itemized and receipted bills to the OWCP. All medical expenses must be fully supported by medical reports. Prescription bills submitted by employees to OWCP must show the type of drug or medication being purchased. Claim for travel expenses incurred to obtain medical care shall be made on SF-1012.

12. REPORT OF DEATH (Form CA-6). When an employee dies while in a duty status, the supervisor is to take the following action:

a. Notify the SPMO as soon as possible.

b. If employee dies because of a personal injury incurred while in the performance of duty, the supervisor should contact the SPMO who will immediately

report the fact to OWCP by telegraph or telephone. Also, the supervisor should promptly report the death on a CA-6, Official Supervisor's Report of Employee's Death. When a CA-6 is used to report death, neither a CA-1 nor CA-2 is required.

13. CLAIMS FOR LOSS OF WAGES DUE TO DISABILITY (Forms CA-7, CA-8, CA-20, and CA-20a).

a. Traumatic Injury Cases. When an employee suffers a work disabling injury in excess of the 45 calendar days of COP, the employee, after 3 days in a LWOP status is entitled to file a CA-7 and CA-20 for loss of wages or he/she may use whatever leave he/she has available if he/she does not want to go into a LWOP status. After 30 days of COP, the supervisor should make an inquiry of the injured employee's intent to use sick/annual leave, compensatory time, or go on LWOP. At this time the supervisor must accomplish the following:

- (1) Brief employee on his/her compensation entitlements (see Appendix for benefit entitlements).
- (2) Complete Part B of CA-7 and CA-20.
- (3) Have employee complete Part A of CA-7 and CA-20.
- (4) If employee is unable to do so, forward CA-20 to doctor for completion.
- (5) Review all forms for completion.
- (6) Forward claim to OWCP within 5 working days following the end of the 45 day period of COP.
- (7) File a CA-8 and CA-20a every 2 weeks until employer/employee is otherwise instructed by OWCP.
- (8) Retain a file copy of claim in supervisor's employee record folder.

b. Occupational Disease Cases (Form CA-7 and CA-20). The supervisor must take the following actions:

- (1) Brief the employee on his/her compensation entitlements pending adjudication of his/her claim by OWCP. (There are no entitlements unless the OWCP approves the employee's occupational disease/illness claim).
- (2) Advise him/her the claim should be filed within 10 days after pay stops using the following procedures.
 - (a) File a CA-7 accompanied by a medical report (CA-20 or equivalent completed by the physician) showing continued disability beyond 10 days.
 - (b) Complete statement of Official Superior portion of CA-7.
 - (c) File a CA-8 every 2 weeks for the employee until the employee is otherwise instructed by OWCP.
 - (d) Forward the CA-7 and CA-8 as required through SPMO to OWCP.

14. HEARING, RECONSIDERATION, APPEAL.

a. Hearing. A claimant who is not satisfied with an OWC decision may ask for a hearing before an OWC representative. The request for a hearing must be made to the Director of the OWC within 30 days after the decision. At the hearing, which will be held at a location convenient to both the claimant and the OWC, the claimant may present evidence in further support of the claim. After the hearing, OWC will issue a decision based on evidence presented.

b. Reconsideration. A claimant may ask OWC to reconsider any determination made by one of its officers. A special form is not required to request this reconsideration but the request must be addressed to the Director of the OWC in writing and must state clearly the grounds upon which it is based. It must also be accompanied by evidence not previously submitted, such as new medical reports or new statements and affidavits. There is no time limitation within which a request for reconsideration must be filed.

c. Appeal. A claimant may ask the Employees' Compensation Appeals Board to review final decisions by OWC. To file an appeal the claimant should write to the Employees' Compensation Appeals Board, United States Department of Labor, Washington, DC 20210. Form AB-1 is provided for this purpose to ensure the furnishing of necessary information. The Board's jurisdiction extends to questions of law and fact. It may also consider exercises of discretion to determine their reasonableness. Its' review is based solely upon the case record in OWC at the time the final determination was made. New evidence is neither received nor considered by the Board. For claimants residing within the continental United States or Canada, applications for review by the Board are to be filed within 90 days of the date of the final determination by OWC.

d. For assistance in requesting a hearing, reconsideration, or appeal contact the SPMO.

15. REPRESENTATION. A claimant may be represented by a Federal union official or other person on any matter pertaining to an injury or death occurring in performance of duty. This representation should be authorized in writing by the claimant. No claim for legal services or for other services rendered in a case, claim, or award of compensation shall be valid unless approved by the OWC.

16. OWC DISTRICT OFFICE ADDRESS AND TELEPHONE NUMBERS. The OWC address must be typed or written in the appropriate block of the necessary CA Forms before releasing these forms to employees or physician/hospitals. Physicians/hospitals are to be specifically informed that employees' benefits are administered under the Federal Employee Compensation Program and not the State of Maryland Compensation Program:

Office of Worker's Compensation
McLachlen Building, Room 405
666 11th Street, NW
Washington, DC 20211

Claims Section: 1-202-724-0713

17. EMPLOYING AGENCY ADDRESS. The address below is to be typed or written in appropriate blocks on the necessary CA Forms. Unit/activity addresses are to be used

when CA Form requires geographic location of employment:

DA/DAF, MDNG (MDNG-AG-SPMO)
Fifth Regiment Armory
29th Division Street
Baltimore, Maryland 21201-2288

18. INFORMATIONAL REPORTS. Supervisors will be required to maintain accurate records concerning all OWCP cases involving their employees. Such records include but are not limited to, amount of leave (sick, annual, LWOP, COP) taken during the recuperative period, when the employee returned to work, his/her hourly rate and how many injuries he/she has had during the first year. Periodically the SPMO will require informational reports be submitted listing such information.

19. SPMO INVESTIGATIVE FUNCTION. 20 CFR, Part 10, paragraph 10.140 provides the employing agency with the opportunity to investigate the circumstances surrounding an injury and the extent of disability, and places on the agency the responsibility to submit to OWCP at anytime all relevant and probative evidence in its possession on which it may require. The SPMO will, from time to time, enlist the aid of safety offices, environmental specialists, occupational and safety health personnel to investigate on an as needed basis certain injury cases. Reports of such investigations will be submitted through appropriate channels.

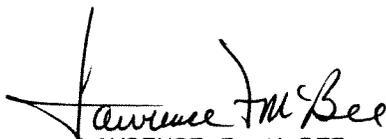
20. INFORMATION/COMMENTS. For information/comments on this regulation, call SPMO at (301) 576-6048 or Autovon 277-6048.

Users of this publication are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Support Personnel Management Office, Fifth Regiment Armory, Baltimore, Maryland 21201-2288

BY ORDER OF THE GOVERNOR:

JAMES F. FRETTERD
Major General
The Adjutant General

OFFICIAL:


LAWRENCE F. McBEE
COL, GS, MDARNG
Personnel Officer

DISTRIBUTION:

All Full-Time Support Managers/
Supervisors (Army and Air)

