

“Welcome to ECOMP” IS THE FIRST SCREEN YOU SHOULD SEE WHEN YOU GO TO THE LINK:

<https://www.ecomp.dol.gov/?t=1441395091733#>

CLICK ON THE GREEN BUTTON <SIGN IN/REGISTER>.

ECOMP / Home x +

https://www.ecomp.dol.gov/?t=1441204767640#

Most Visited Getting Started

UNITED STATES DEPARTMENT OF LABOR
ECOMP

ECOMP Home File a Form Upload Document Register with ECOMP

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

ECOMP Home

Employee & Claimants

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

Track Status

Case Stakeholders

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

Reviewers

- Agency Reviewers
- OSHA Record Keepers

Administration

- Agency Maintenance
- ECOMP/DFEC Administrator

Contact ECOMP

Help

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

Welcome to ECOMP
The Employees' Compensation Operations & Management Portal

Have you been hurt on the job?

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

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

File Form **Sign In / Register**

Need to upload a document?

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

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

Access Case & Upload Document

Track status of form or document

Enter ECN or DCN **Go!**

Agency Reviewers & OSHA Record Keepers Sign In

11:08 AM 9/2/2015

IN THE YELLOW “**ECOMP SIGN IN**” **BOX**, CLICK THE OPTION: “? Don’t have an account yet? Register now” TO REGISTER FOR THE FIRST TIME.

IF YOU HAVE FILED THE OSHA-301, CA-1 OR CA-2 FORM AND HAVE AN ECN # ALREADY ASSIGNED TO YOUR CASE, THEN YOU CAN CHOOSE THE OPTION “Track status of form or document” BOX ON THE BOTTOM LEFT.

The screenshot shows the ECOMP website interface. A yellow box titled "ECOMP Sign In" is overlaid on the page. The box contains the following text:

ECOMP Sign In

An ECOMP account enables you to file and manage forms with the Department of Labor Office of Workers' Compensation Programs (OWCP). Your account is covered under the [Privacy Act](#).

Email Address

Password [Forgot password](#)

[? Don't have an account yet? Register now.](#)

[Reviewers & administrators sign in here.](#)

Sign In

The background of the screenshot shows the ECOMP website with a navigation menu on the left and a main content area. The main content area has a banner that says "Welcome to ECOMP" and "The Employees' Compensation Operations & Management Portal". Below the banner, there are several buttons: "File Form", "Sign in / Register", "Access Case & Upload Document", "Track status of form or document", and "Agency Reviewers & OSHA Record Keepers Sign in".

IN THIS SCREEN “Which forms can I file?” COPY THE CHOICES FOR THE RADIO BUTTONS AND DROP DOWN MENUS SHOWN BELOW.

YOU MUST COMPLETE AN OSHA-301 FORM FOR EACH NEW CA-1 OR CA-2 FORM YOU WANT TO CREATE AND SUBMIT.

CLICK THE GREEN BUTTON <CONTINUE TO FILE OSHA-301> AT THE BOTTOM OF THIS SCREEN AND AGAIN ON THE NEXT SCREEN.

ECOMP / Employee Home ... x +

https://www.ecomp.dol.gov/?t=1441204767640#Which_Form_Selector

Most Visited Getting Started

UNITED STATES DEPARTMENT OF LABOR
ECOMP

ECOMP Home Employee Dashboard File a Form

Signed in as Shu-Ahn Li | Sign Out | Account

ECOMP / Employee Home / Which Forms Can I File

Which Forms Can I File?

Each agency determines which forms are available for filing through ECOMP. The way you report an incident or file a claim depends upon your employment status and your employing agency. To learn which forms you can file, fill out the information below.

What is your employment status? ☒ Federal Employee ☐ Contractor ?

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

Department..... DEPARTMENT OF HOMELAND SECURITY - Filter by State -

Agency-Group..... Federal Emergency Management Agency

Agency..... Federal Emergency Management Agency

Duty station..... National Capital Region FEMA HEADQUARTERS

National Capital Region FEMA HEADQUARTERS
500 C St. (Dept of DHS-FEMA Headquarters)
Washington, DC

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

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

✓ This organization supports filing forms **OSHA-301, CA-1, CA-2, CA-3, CA-6, CA-7, CA-7a and CA-16** through ECOMP.

Continue to File OSHA-301

Employee Dashboard

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

Create New Form

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

Contact ECOMP

Help

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

11:24 AM 9/2/2015

WHEN YOU GET TO THE SCREEN “Step 1A Employee & Physician” CHOOSE “0301 MISC ADMINISTRATION AND PROGRAM” FROM THE DROP DOWN MENU IN THE STEP 1A, BOX C “JOB TITLE.”

ECOMP / Employee Home ... x

https://www.ecomp.dol.gov/#OSHA_301

Most Visited Getting Started

1) OSHA 301

→ A) Employee & Physician

B) Location & Time

C) Incident Details

2) Review & File Form

Actions

- Save Progress for Later
- Cancel This Form

He...

- DOL's Privacy Policy

OSHA Form 301

New Form OSHA-301 Draft

Step 1A Employee & Physician

Contin...

Next, enter the employee's address; date of birth; date hired; sex; and job title. You may also enter the name of the physician who treated the injury or illness. This field is optional.

Employ...

1 Employee name (first, middle, last) John L Smith

2 Address / street 123 Pleasant Lane Non-US address

City Washington State DC - District Of Zip code 20036

3 Date of birth 11/01/1990

4 Date hired 01/03/2014

5 Sex Male Female

C Job title 0301 - Miscellaneous Administration and Program

Physician

6 Name of physician or health care professional (first, middle, last) Alan B Cooper

Who should review this form?

Immediate supervisor's email shu-ahn.li@fema.dhs.gov

Contin...

IN THE BOX UNDER “WHO SHOULD REVIEW THIS FORM?” ENTER: “SHU-AHN.LI” IN THE “IMMEDIATE SUPER’S EMAIL” BOX AND CHOOSE “FEMA.DHS.GOV” FROM THE DROP DOWN MENU IN THE BOX NEXT TO THIS.

THEN CLICK THE GREEN BUTTON <CONTINUE>.

BE AS SPECIFIC AS POSSIBLE WHEN ENTERING ALL DATA IN THE NEXT SCREENS UNTIL YOU COMPLETE THE “OSHA Form 301” SCREENS AND REACH THIS SCREEN “Step 2 Review AND File”.

ECOMP / Employee Home ... x foggy bottom dc zip code ... x +

https://www.ecomp.dol.gov/#OSHA_301

Most Visited Getting Started

UNITED STATES DEPARTMENT OF LABOR
ECOMP

ECOMP Home Employee Dashboard File a Form

Signed in as Shu-Ahn Li

1) OSHA 301

- ✓ A) Employee & Physician
- ✓ B) Location & Time
- ✓ C) Incident Details

2) Review & File Form

Actions

- Save Progress for Later
- Cancel This Form

He...

- DOL's Privacy Policy

OSHA Form 301

Step 2 Review & File

Carefully review your form before filing.

File Form

Are you ready to file this form?

No, Not Yet Yes, File Form

Employee name John L. Smith

Employee email shu-ahn.li@fema.dhs.gov

Government organization DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Capital Region FEMA HEADQUARTERS
500 C St. (Dept of DHS-FEMA Headquarters)*
Washington, DC

Reviewer shu-ahn.li@fema.dhs.gov

Date of birth 11/01/1990

Date hired 01/03/2014

Sex Male

Job title Miscellaneous Administration and Program

Home mailing address 123 Pleasant Lane Washington DC 20036

Name of physician or health care professional (first, middle, last) Alan B. Cooper

Place where event occurred FEMA Headquarters 2nd Floor Conference Room 2SW-1304
500 C St SW Washington DC 20472

Was treatment given at the worksite? No

If not, where was the treatment given? GWU Hospital (1 Foggy Bottom Washington DC 20037)

Was the employee treated in an emergency room? Yes

Was the employee hospitalized overnight? No

Date injury occurred 06/30/2014

11:03 AM 11/3/2015

THEN CLICK THE GREEN BUTTON <YES, FILE FORM>.

THE NEXT SCREEN YOU SHOULD SEE “This form has been forwarded for review” WHICH CONFIRMS THAT YOU HAVE SUCCESSFULLY COMPLETED AND SUBMITTED THE OSHA FORM 301.

The screenshot shows a web browser window with the URL https://www.ecomp.dol.gov/#OSHA_301. The page header includes the ECOMP logo and navigation links: ECOMP Home, Employee Dashboard, and File a Form. The user is signed in as Shu-Ahn Li. The main content area displays the OSHA Form 301 submission status as "Submission Successful". The form details are as follows:

ECN 2143369		OSHA-3...		Pending review by Supervisor	
Employee	John L. Smith	Date of event	06/30/2014		
Organization	Federal Emergency Management Agency	Initiated	11/03/2015		

Below the table, there are buttons for "Form Locked", "View", "Get PDF", "Upload Attachments", and "More...". A message states: "An email has been sent to your supervisor's email account at shu-ahn.li@fema.dhs.gov. A digital copy of this form will be kept by ECOMP for 5 years. (Public Law 91-596 and 29 CFR 1904). You will receive email updates each time the status of this form changes. Make sure to save / print a copy for your records and note the ECN (ECOMP Control Number). Because you are a Federal employee, now that you have filed a OSHA-301, you can file a claim for injury or illness using either form CA-1 or CA-2.

At the bottom, there is a green button labeled "File CA-1 or CA-2 based on this OSHA 301" and a blue button labeled "Do...".

TO CONTINUE IN ECOMP TO FILE EITHER THE CA-1 OR CA-2 CLICK ON GREEN BUTTON <FILE CA-1 OR CA-2 BASED ON THIS OSHA 301>

THE NEXT SCREEN YOU SEE EXPLAINS “About Forms CA-1 and CA-2” CLICK ON GREEN BUTTON <FILE CA-1 OR CA...>

The screenshot displays the ECOMP (Employee Compensation Management) website interface. The browser address bar shows the URL https://www.ecomp.dol.gov/#Claim_Intro. The page header includes the United States Department of Labor logo and the ECOMP logo. The main navigation bar contains links for ECOMP Home, Employee Dashboard, and File a Form. The user is signed in as Shu-Ahn Li, with links for Sign Out and Account.

The left sidebar contains the following sections:

- Employee Dashboard**
 - File New Form
 - Access Existing Form
 - Upload Document to an Existing Case
 - Claim Status (CQS)
- Create New Form**
 - Which Form To Use?
 - File CA-7 for an existing case
- Contact ECOMP Help**
 - About
 - How to File a Form
 - About Accessibility and 508 Compliance
 - Filing Forms as an Injured Worker
 - Reviewing Forms as a Supervisor
 - Uploading Documents to FECA Case Files
 - Electronic Document Submission Frequently Asked Questions
 - OSHA Record Keeper User Guide
 - Agency Reviewer User Guide
 - Agency Maintenance Help
 - Intro to the Compensation Process
 - Which Form to Use?
 - FAQ

The main content area is titled "About Forms CA-1 and CA-2". It includes the following text:

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

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

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

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

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

A green button labeled "File a CA-1 or C..." is located at the bottom right of the main content area.

HERE IS THE “Base Claim on Existing Incident” **SCREEN**.

The screenshot displays the ECOMP web application interface. The top navigation bar includes links for ECOMP Home, Employee Dashboard, and File a Form. The user is signed in as Shu-Ahn Li. The main content area is titled 'Base Claim on Existing Incident' and features a table of existing claims. The table has columns for ECN, OSHA-301 Form Number, Employee, Date of event, Organization, and Initiated. A green 'Contin...' button is located at the bottom right of the main content area.

ECN	OSHA-301 Form Number	Employee	Date of event	Organization	Initiated
2143369	OSHA-3...	John L. Smith	08/30/2014	Federal Emergency Management Agency	11/03/2015

CLICK ON GREEN **BUTTON** <CONTINUE> IF THIS IS THE ONLY OSHA 301 YOU HAVE CREATED AND WANT TO INITATE A CA-1 OR CA-2 FORM NOW. IF YOU HAVE MORE THAN ONE OSHA 301 FORM COMPLETED AND SUBMITTED IN ECOMP THEN CLICK ON THE BLUE OPTION: “Select a difference one...” ON THE LEFT.

IN THE SCREEN “Select CA-1 or CA-2” CHOOSE THE CA-1 OR THE CA-2 FORM YOU NEED TO COMPLETE.

The screenshot displays the ECOMP Employee Home interface. The top navigation bar includes links for ECOMP Home, Employee Dashboard, and File a Form. The user is signed in as Shu-Ahn Li. The main content area is titled 'Select CA-1 or CA-2' and provides instructions on choosing between two types of injury claims: CA-1 (Traumatic Injury) and CA-2 (Occupational Disease and Claim for Compensation). The left sidebar contains links for Employee Dashboard, Create New Form, and Contact ECOMP. The bottom taskbar shows various application icons and the system clock indicating 2:34 PM on 9/4/2015.

ECOMP / Employee Home ... x

https://www.ecomp.dol.gov/?t=1441382014497#Select_Chain_Form

baboons

Most Visited Getting Started

UNITED STATES DEPARTMENT OF LABOR
ECOMP

ECOMP Home Employee Dashboard File a Form

ECOMP / Employee Home / Select Chain Form Signed in as Shu-Ahn Li | Sign Out | Account

Employee Dashboard

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

Create New Form

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

Contact ECOMP

Help

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

Select CA-1 or CA-2

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

Select the appropriate form:

CA-1 - Federal Employee's Notice of Traumatic Injury & Claim for Continuation of Pay/Compensation

Use this form if you have sustained a traumatic injury on the job. A traumatic injury is a condition of the body caused by a specific event or incident, or series of events or incidents, within a single workday or shift.

Examples of a traumatic injury include: a dog bite, a motor vehicle accident or a slip and fall.

Select CA-1 & Continue

CA-2 - Notice of Occupational Disease and Claim for Compensation

Use this form if you have sustained an occupational disease as a result of your job duties. An occupational disease or illness is a condition produced by the work environment over a period longer than a single workday or shift.

Examples of an occupational disease include: noise induced hearing loss, asbestos-related illness or orthopedic injuries due to repetitive motion.

Select CA-2 & Continue

MOST OF THE DATA YOU ENTERED IN THE OSHA-301 FORM SHOULD AUTOMATICALLY CARRY OVER INTO THE CA-1 AND CA-2 FORMS. REVIEW ALL OF THE DATA THAT WAS AUTOMATICALLY CARRIED OVER CAREFULLY.

HERE IS THE FIRST DATA SCREEN “STEP 1A EMPLOYEE BASICS”.

The screenshot shows a web browser window displaying the ECOMP Claim for a Traumatic Injury (CA-1) form. The browser address bar shows the URL https://www.ecomp.dol.gov/#CA_1. The page title is "ECOMP / Employee Home / CA-1 / Employee Basics". The user is signed in as "Shu-Ahn Li" with options to "Sign Out" or "Account".

The form is titled "ECOMP Claim for a Traumatic Injury (CA-1)" and is currently on "Step 1A Employee Basics". A "New Form" button is visible in the top right corner. The form includes a "Contin..." button at the top right and a "Contin..." button at the bottom right.

The form fields are as follows:

- 1) Employee name (first, middle, last): John L Smith
- 2) Social security number: XXX-XX-XXXX Confirm SSN XXX-XX-XXXX
- 3) Date of birth: 11/01/1990
- 4) Sex: Male (selected), Female
- 5) Home telephone: 0000 XXX-XXXX International
- 6) Grade as of Date of Injury: Grade Step
- 7) Home mailing address: 123 Pleasant Lane City Washington State DC - District Of Zip code 20036 Non-US address
- 8) Dependents: Wife, Husband Children under 18 years Other None (selected)
- Who should review this form? Immediate supervisor's email: shu-ahn.li @ fema.dhs.gov

The form also includes a "Save Progress for Later" button and a "Cancel This Form" button in the bottom left corner.

BE AS SPECIFIC AS POSSIBLE WHEN ENTERING NEW DATA REQUESTED.

ENTER: “SHU-AHN.LI” IN THE “IMMEDIATE SUPERVISOR’S EMAIL” BOX AT THE BOTTOM.

CLICK ON GREEN BUTTON <CONTINUE>

CONTINUE REVIEWING AND ENTERING DATA IN THE NEXT SCREENS UNTIL YOU GET TO THIS **SCREEN “STEP 1D ATTACHMENTS”** WHICH ALLOWS THE USER TO ATTACH/UPLOAD RELEVANT DOCUMENTS AND SUPPORTING DOCUMENTS.

YOU WILL NEED TO CREATE A SEPARATE DOCUMENT (NOT IN ECOMP) CONTAINING THE NAME AND CONTACT INFORMATION OF THE APPROPRIATE ON-SITE SUPERVISOR (TFL/ISTL). ADDITIONALLY, THIS CONTACT INFORMATION WILL BE USED TO ANSWER SPECIFIC QUESTIONS ABOUT YOUR INJURY/ILLNESS IN CASE YOU ARE NOT AVAILABLE WHEN A WC SPECIALIST HAS ADDITIONAL QUESTIONS.

ATTACH THIS DOCUMENT HERE IN THIS BOX “Click to attach a new document”.

The screenshot shows the ECOMP web application interface. The browser address bar displays the URL: https://www.ecomp.dol.gov/?t=144138201449/#CA_1. The page header includes the United States Department of Labor logo and the ECOMP logo. Navigation links include ECOMP Home, Employee Dashboard, and File a Form. The user is signed in as Shu-Ahn Li, with links for Sign Out and Account.

The main content area is titled "ECOMP Claim for a Traumatic Injury (CA-1)". It shows the progress of the claim, with "Step 1D Attachments" highlighted. The status is "Draft".

On the left sidebar, the steps are listed: 1) Form CA-1, A) Employee Basics, B) Description of Injury, C) Witness Statement, D) Attachments (selected), E) Review, and 2) Sign & File Form. Under "Actions", there are links for "Save Progress for Later" and "Cancel This Form". Under "Help", there is a link for "DOL's Privacy Policy".

The main content area contains the following text:

ECOMP Claim for a Traumatic Injury (CA-1)

Step 1D **Attachments** [Back] [Continue]

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

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

0 documents uploaded so far

[Click to attach a new document]

[Attach New Document...]

[Delete selected attachment]

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

[Back] [Continue]

CONTINUE REVIEWING ALL THE DATA TO MAKE SURE IT IS ALL CORRECT.

ECOMP / Employee Home ... x foggy bottom dc zip code ... x +

https://www.ecomp.dol.gov/#CA_1

Most Visited Getting Started

2) Sign & File Form

Actions

- Save Progress for Later
- Cancel This Form

He...

- DOL's Privacy Policy

Government organization
DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Capital Region FEMA HEADQUARTERS
500 C St. (Dept of DHS-FEMA Headquarters)*
Washington, DC

Reviewer
shu-ahn.li@fema.dhs.gov

Social security number
*****5467

Date of birth / sex
11/01/1990 / Male

Home telephone
(555) 555-5555

Grade / step as of last injury
09 / 01

Home mailing address
123 Pleasant Lane Washington DC 20036

Dependents
None

Place where injury occurred
FEMA Headquarters 2nd Floor Conference Room 2SW-1304

Address where injury occurred
500 C St SW Washington DC 20472

Date injury occurred
06/30/2014 10:00 am

Date of this notice

Employee's occupation
Admin Assistant

Cause of injury
Walked into conference room for meeting.
Tripped on chair, fell and hit head on table corner

Nature of the injury
head injury on forehead above right eye

Witness Name
Sally L Marz

Witness Address
789 Pleasant Lance Washington DC 20037

Date of Witness Statement
07/06/2015

Attachments
[Add/Modify attachments](#)

Back **Continue**

11:39 AM 11/3/2015

THE **BOX** "DATE OF THIS NOTICE" IS AUTOMATICALLY FILLED IN AND CANNOT BE CHANGED.

CLICK ON THE GREEN **BUTTON** <CONTINUE>.

YOU SHOULD GET THIS NEXT SCREEN “Step 2 Sign & File Form” AND MUST CLICK ON THE BUTTON <I AGREE> IN ORDER TO COMPLETE YOUR SUBMISSION OF THE CA-1 OR CA-2 FORM.

ECOMP / Employee Home ... x +

https://www.ecomp.dol.gov/?t=1441382014497#CA_1

Most Visited Getting Started

UNITED STATES DEPARTMENT OF LABOR
ECOMP

ECOMP Home Employee Dashboard File a Form

Signed in as Shu-Ahn Li | Sign Out | Account

1) Form CA-1

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

2) Sign & File Form

Actions

- Save Progress for Later
- Cancel This Form

He...

- DOL's Privacy Policy

ECOMP Claim for a Traumatic Injury (CA-1)

New Form CA... Draft

Step 2 Sign & File Form

Submitting

15 I certify, States C intoxicat

I hereby

checked below, while disabled for work:

- ☐ a. Continuation of regular pay (COP) not to exceed 45 days and compensation for wage loss if disability for work continues beyond 45 days. If my claim is denied, I understand that the continuation of my regular pay shall be charged to sick or annual leave, or be deemed an overpayment within the meaning of 5 USC 5584.
- ☐ b. Sick and/or Annual Leave

I hereby authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs (or to its official representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.

I Agree Cancel

Back Sign & File Form

3:08 PM 9/4/2015

**IN THE SAME SCREEN “[Step 2 Sign & File Form](#)” YOU MUST CHOOSE OPTION A OR B.
THEN CLICK ON THE GREEN BUTTON [<Sign & File Form>](#)**

The screenshot shows a web browser window displaying the ECOMP (Employee Compensation Management) system. The browser's address bar shows the URL https://www.ecomp.dol.gov/#CA_1. The page header includes the United States Department of Labor logo and the text "ECOMP". Navigation links for "ECOMP Home", "Employee Dashboard", and "File a Form" are visible. The user is logged in as "Shu-Ahn Li" with links for "Sign Out" and "Account".

The main content area is titled "ECOMP Claim for a Traumatic Injury (CA-1)" with the identifier "ECN 2143522" and a "CA..." dropdown menu. The status is "Draft". The current step is "Step 2 Sign & File Form". A yellow banner states: "Submitting this form is considered the same as signing it."

On the left, a sidebar shows the progress of the form: "1) Form CA-1" with sub-steps A) Employee Basics, B) Description of Injury, C) Witness Statement, D) Attachments, and E) Review. "2) Sign & File Form" is the current step. Below this, under "Actions", are links for "Save Progress for Later" and "Cancel This Form". Under "He...", there is a link for "DOL's Privacy Policy".

The main form area contains a certification statement: "I certify, under penalty of law, that the injury described above was sustained in performance of duty as an employee of the United States Government and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication." Below this, a section titled "I hereby claim medical treatment, if needed, and the following, as checked below, while disabled for work:" includes two options: "a. Continuation of regular pay (COP) not to exceed 45 days and compensation for wage loss if disability for work continues beyond 45 days. If my claim is denied, I understand that the continuation of my regular pay shall be charged to sick or annual leave, or be deemed an overpayment within the meaning of 5 USC 5584." and "b. Sick and/or Annual Leave". Both options are currently unchecked.

At the bottom of the form, there is an authorization statement: "I hereby authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs (or to its official representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me." At the bottom right, there are two buttons: "Back" and "Sign & File Form" (highlighted in green).

THIS SCREEN “[This form has been forwarded for review](#)” IS THE CONFIRMATION OF COMPLETION THAT YOU SHOULD SEE WHEN YOU SUCCESSFULLY COMPLETE THE CA-1 SCREENS IN ECOMP.

The screenshot displays the ECOMP (Employee Compensation Management) system interface. The browser address bar shows the URL: https://www.ecomp.dol.gov/?t=1441382014497#CA_1. The page header includes the United States Department of Labor logo and the ECOMP logo. The navigation bar shows links for ECOMP Home, Employee Dashboard, and File a Form. The user is signed in as Shu-Ahn Li, with options to Sign Out or Account.

The main content area is titled "ECOMP Claim for a Traumatic Injury (CA-1)". A prominent message states: "This form has been forwarded for review". Below this, a summary box for ECN 2028070 shows the following details:

ECN 2028070		CA...		Pending review by Supervisor	
Employee	Princess Snow White	Date of event	09/01/2015		
Organization	Federal Emergency Management Agency	Initiated	09/04/2015		

Below the summary box, there are action buttons: Form Lock..., View, Get PDF, Upload Attachments, and Mor... (More).

The "Actions" section on the left includes:

- Save Progress for Later
- Cancel This Form

The "Next steps" section provides further guidance:

- An email has been sent to your supervisor's email account at shu-ahn.li@fema.dhs.gov.
- You will receive email updates each time the status of this form changes.
- Make sure to save / print a copy for your records and note the ECN (ECOMP Control Number).
- Next steps**
After your claim is reviewed by your supervisor and is received by DFEC, you will receive an email providing a Case Number.
You can use that case number to file a CA-7, claim for compensation.
If you want to check on the status of your claim, visit your employee home page.

The bottom of the screen shows a Windows taskbar with various application icons and a system clock indicating 3:09 PM on 9/4/2015.