

FORM NUMBER	NAME	PURPOSE	PREPARED BY	WHEN ISSUED
<u>CA-1</u>	"Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation"	Notifies employee's supervisor of a traumatic injury	Injured employee or someone on his or her behalf AND the Supervisor	To Supervisor immediately after injury is sustained
<u>CA-2</u>	"Federal Employee's Notice of Occupational Disease and Claim for Compensation"	Notifies employee's supervisor of an occupational disease or illness	Employee or someone on his or her behalf AND the Supervisor	To Supervisor immediately upon becoming aware the condition exists
<u>CA-2a</u>	"Notice of Employee's Recurrence of Disability and Claim for Pay Compensation"	Notifies OWCP that injured employee has stopped work as a result of a recurrence due to the initial injury	Supervisor	Immediately upon receiving notice from the employee
<u>CA-3</u>	"Report of Termination of Disability and/or Payment"	Notifies OWCP of termination of disability or employee's return to work	Supervisor	Immediately upon injured employee's return to work
<u>CA-4</u> <u>(CA-20</u> Attached)	"Claim for Compensation on Account of Injury or Occupational Disease" and "Attending Physician's Report"	Requests compensation payments based on an occupational disease or illness	Injured employee or someone on his or her behalf AND the Supervisor	(a) Within 10 calendar days after pay stops; or (b) When disability terminated if pay loss is less than 10 days
<u>CA-6</u>	"Official Superior's Report of Employee's Death"	Notifies OWCP of an employee's job-related death	Supervisor	Immediately upon receipt of information concerning employee's death

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<u>CA-7</u> (CA-20 attached)	"Claim for Compensation on Account of Traumatic Injury" and "Attending Physician's Report"	Request compensation payments due to a traumatic injury	Injured employee or someone on his or her behalf AND the Supervisor	Within 5 workdays following the end of the 45 day Continuation of Pay period
<u>CA-8</u>	"Claim for Continuing Compensation on Account of Disability"	Claims compensation for additional periods of time after <u>CA-4</u> or <u>CA-7</u> have been submitted to OWCP	Injured employee or someone on his or her behalf AND the Supervisor	Every 2 weeks after filing of <u>Form CA-4</u> of <u>CA-7</u> or as required by OWCP
<u>CA-16</u>	"Request for Examination and/or Treatment"	Authorizes examination or medical treatment for traumatic injury by a qualified physician of the employee's choice Form not to be used in cases involving illness or disease unless authorization given by OWCP Form may be used in cases involving a recurrence of disability if it occurs within 6 months of the last medical treatment	Supervisor and Attending Physician	If feasible form should be taken by injured employee to the attending physician Otherwise should be issued within 48 hours of examination or treatment

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(7-1-81)

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<u>785</u> CA-17	"Duty Status Report"	To obtain interim medical reports concerning employee's duty status during period of disability	Supervisor and Attending Physician	Usually once a week or when deemed appropriate
<u>CA-20</u> (attached to Forms CA-4 and CA-7)	"Attending Physician's Report"	Used to obtain information from the doctor on which OWCP can make a decision on granting compensation	Attending Physician	By Supervisor immediately following examination or treatment by physician
<u>CA-1333</u>	"Federal Employees' Compensation Program Medical Provider's Claim Form"	Used to claim payment for medical treatment based on a traumatic injury	Employee and Attending Physician	Should be taken by employee to attending Physician for initial treatment