About Form CA-7

## When should I file?

 If you have an OWCP case number and have sustained wage loss, you should file a Form CA-7 to claim compensation for periods of disability or time lost due to medical appointments and treatment.

- · If wage loss continues, beyond the initial claim for compensation, you should submit subsequent CA-7 forms each two weeks.
- · You may also file a claim for a Schedule Award using form CA-7.

## What do I need?

- · You only need an OWCP case number in order to file a CA-7.
- . If you filed your initial claim (CA-1 or CA-2) through ECOMP, you can access that case via your Employee Dashboard in ECOMP.
- If you did not file your initial claim through ECOMP, you can locate an existing case from your Employee Dashboard by choosing the
  option to "Start a new CA-7 based on a case not listed here."
- Note You must submit medical evidence to support disability for any period claimed. You can upload any supporting documentation, including this medical evidence, while filing the CA-7 or at any time thereafter via ECOMP.

## Are other forms needed?

- If you file a Form CA-7 for intermittent hours or days, you should also complete form CA-7a (Time Analysis Form). This can be done
  through ECOMP.
- If you are claiming leave buy back, Form CA-7b (Leave Buy Back Worksheet/Certification and Election) will also be needed. Your employing agency can assist with filing this form. NOTE You cannot file a Form CA-7b through ECOMP. You can however, find the CA-7b on DFEC's website. Once completed, the document can be uploaded to your OWCP case through ECOMP's electronic document submission feature and associated with a CA-7 submitted through ECOMP.

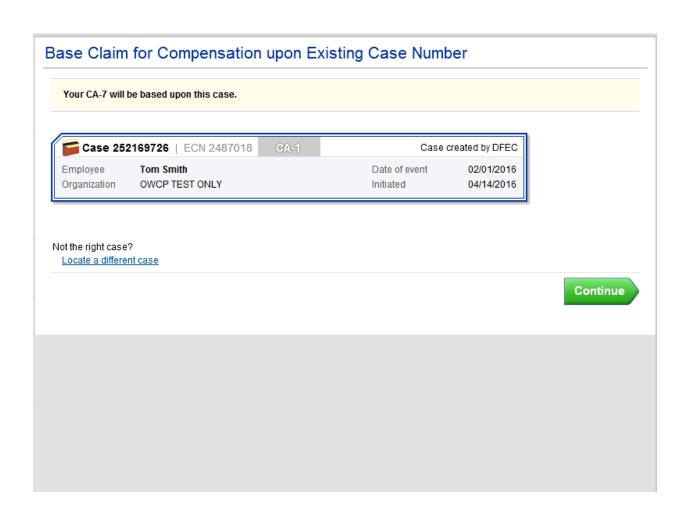
## How do I file the form?

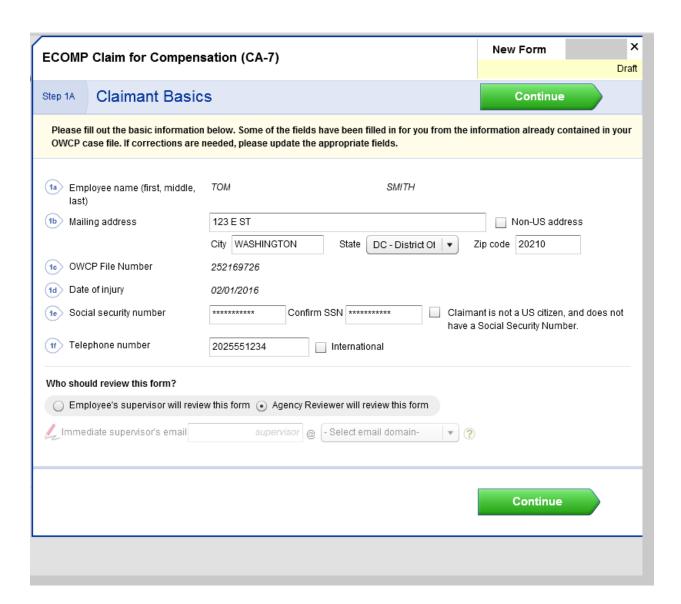
The process for filing a form involves completing several form sections made up of smaller form-filing steps. These individual steps can be viewed in the navigation bar on the left. Unless otherwise noted, all of the fields in the form must be completed. The form may be saved at any time, and completed 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.

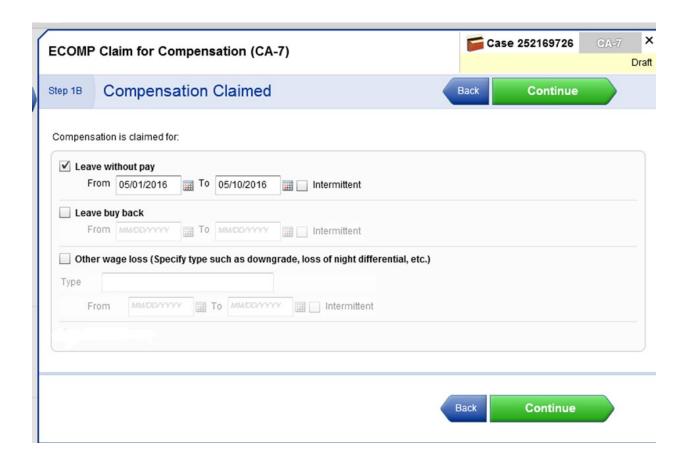
OMB No. 1240-0046 (Expires: 10-31-2014) Privacy Act and Public Burden Statements

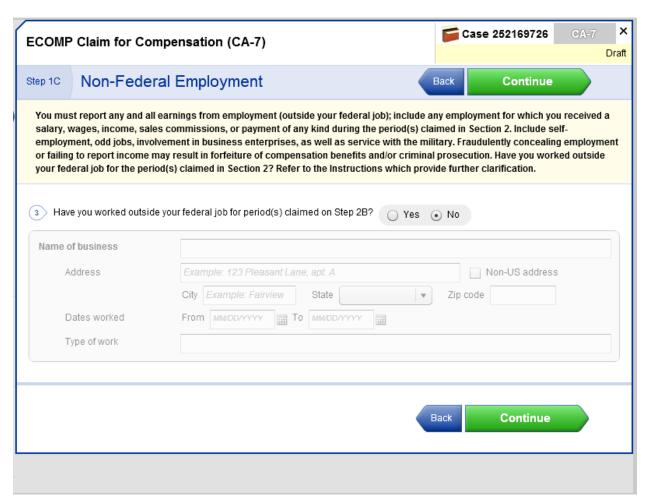
The Office of Management and Budget (OMB) control number displayed on this data collection instrument has an expiration date of 10/31/2014; however, in accordance with the requirements of the Paperwork Reduction Act (44 U.S.C. 3501), the Department has submitted a request to the OMB to extend this expiration date for another three years. Therefore, pursuant to 5 C.F.R. § 1320.10 (e)(2), the Department is authorized to continue collecting this information after the displayed expiration date so long as it remains under review at the OMB. Once the OMB takes action on the aforementioned extension request, the new expiration date will be displayed on the data collection instrument.

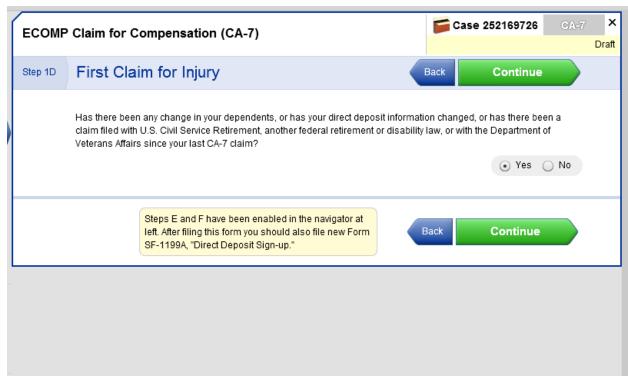
File a CA-7

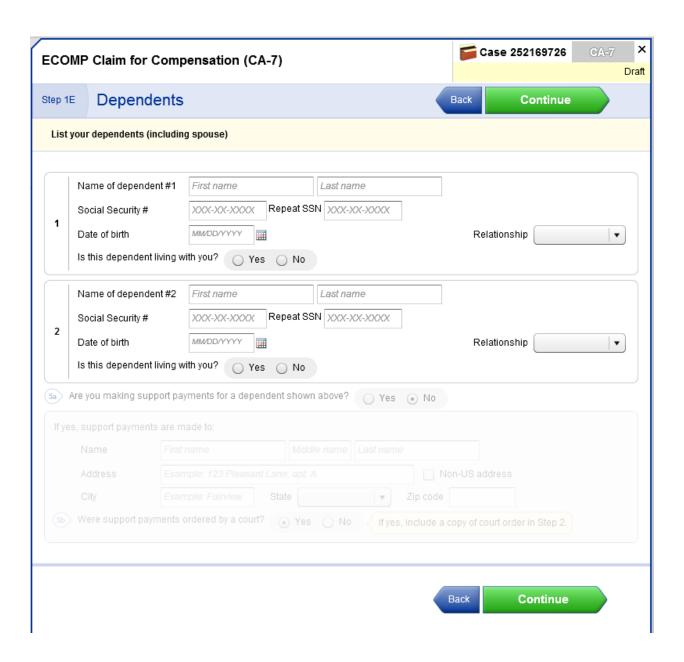


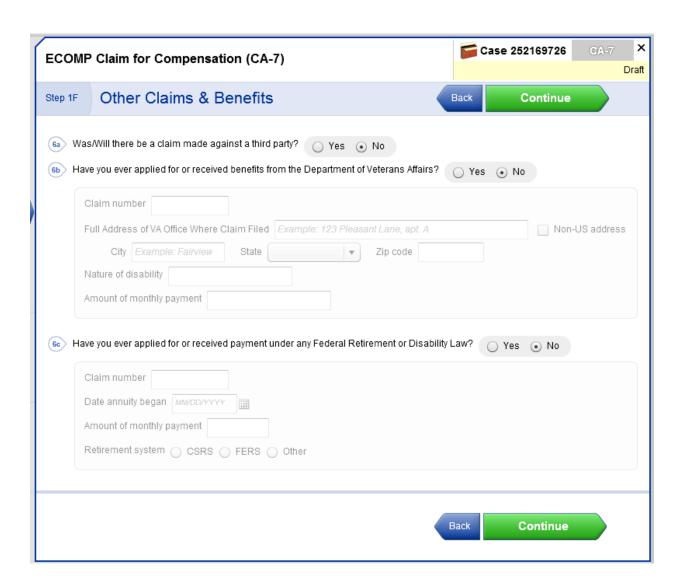


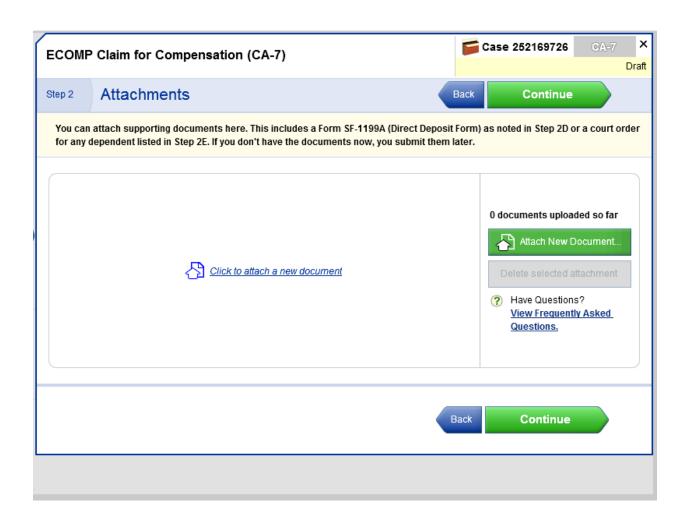




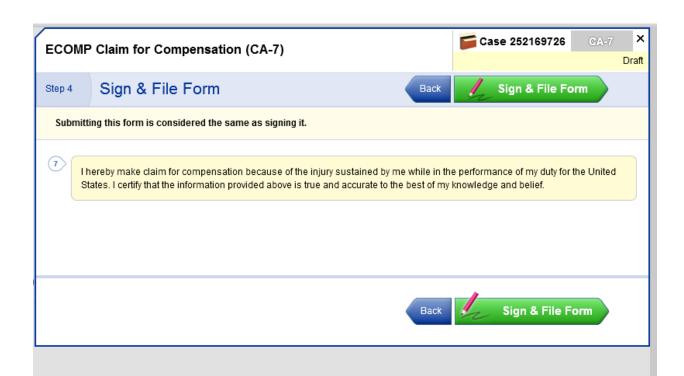


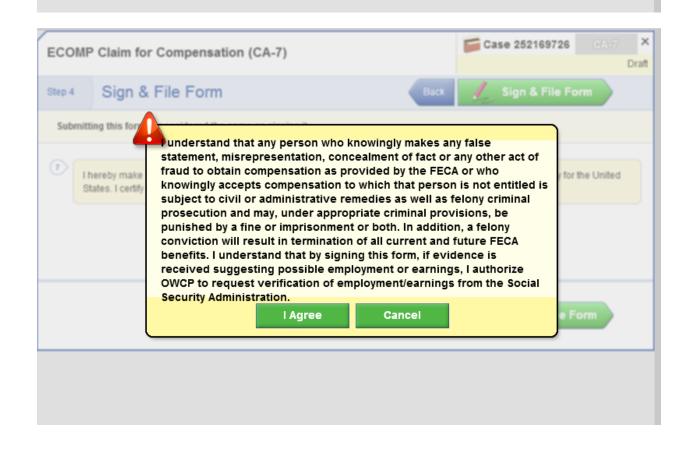


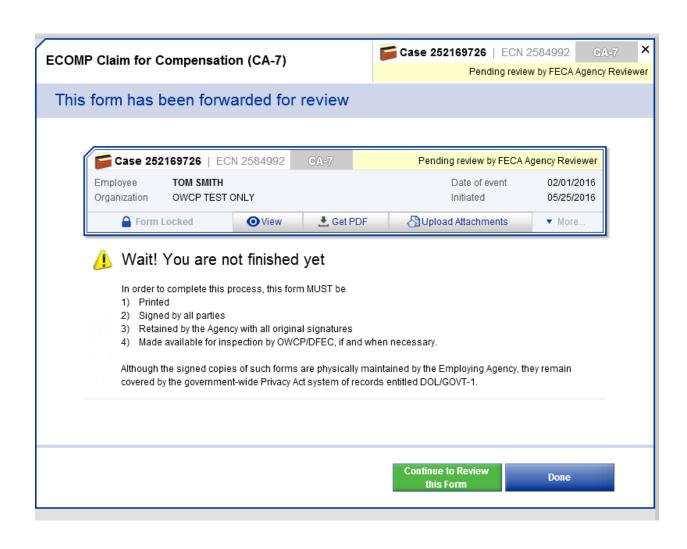


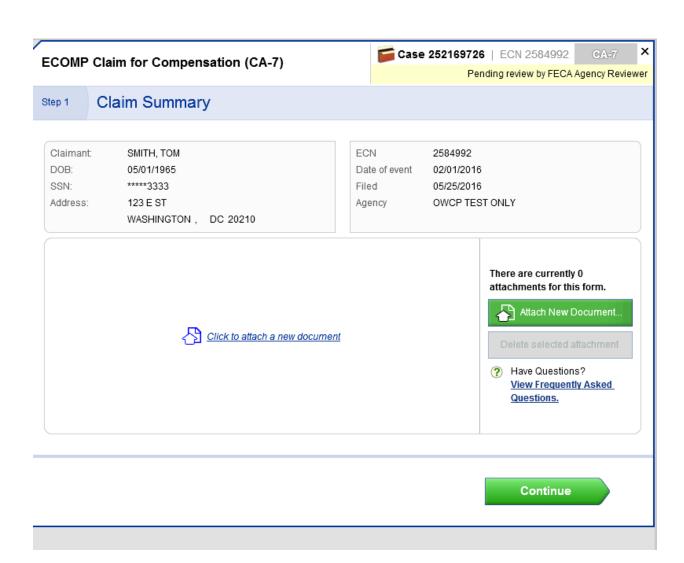


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ECOMP	Claim for Compens	ation (CA-7) Case 252169726 CA-7	X Draft						
Step 3	Review	Back Continue							
Review 1	his information carefully be	fore continuing.							
Emplo	ree name (first, middle, last)	TOM SMITH  XX ECOMP TEST (DO NOT USE)							
Govern	ment organization	OWCP TEST ONLY C/O ECOMP -TA TEST 203 UNION STREET WASHINGTON, DC 20210							
Review	rer	Agency Reviewer							
	mailing address	123 E ST WASHINGTON DC 20210							
	File Number	252169726							
Date of		02/01/2016							
	security number	*****3333							
Home	telephone	2025551234							
Сотре	ensation claimed	Leave without pay 05/01/2016 To 05/10/2016							
Non-fe	deral employment?	No							
First-tir	ne claim?	No							
Chang	es to dependents?	Yes							
Depen	dent#1	SO SO							
		Lives with claimant.							
Depen	dent#2								
-	n making support payments pendent shown above?	No							
Third p	arty claim	No, there will not be a claim made against a 3rd party.							
VA disa	ability benefits	No, I have not applied for nor received benefits from the Department of Veterans Affairs.  Claim #							

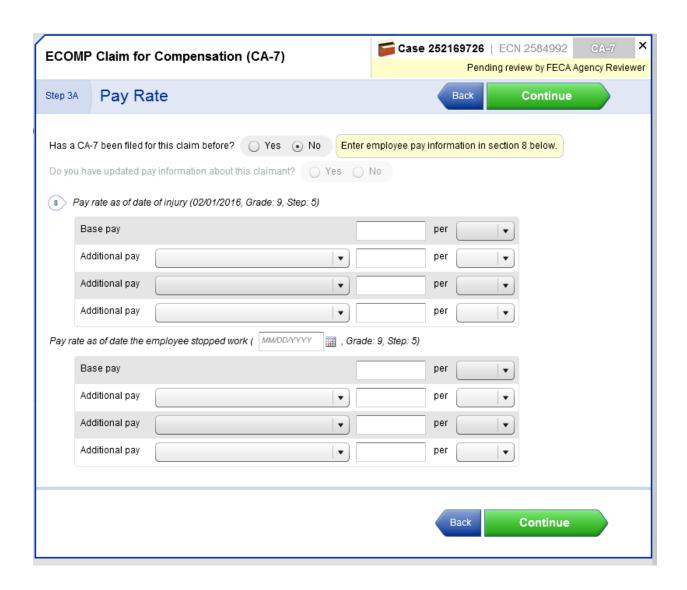


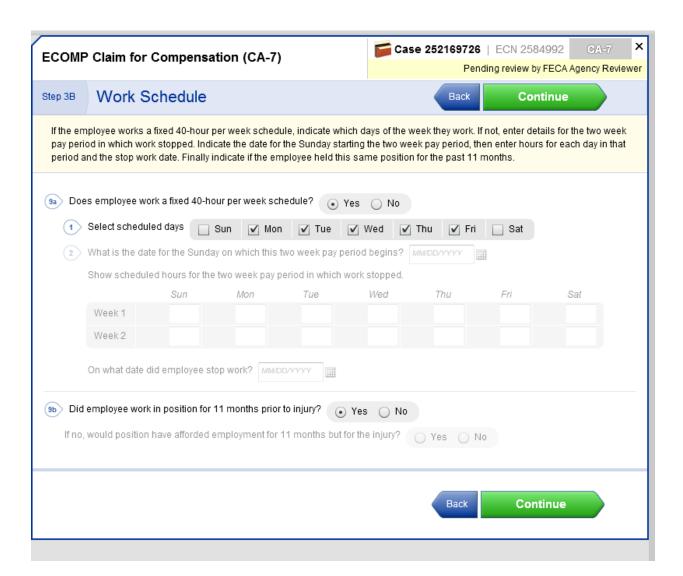


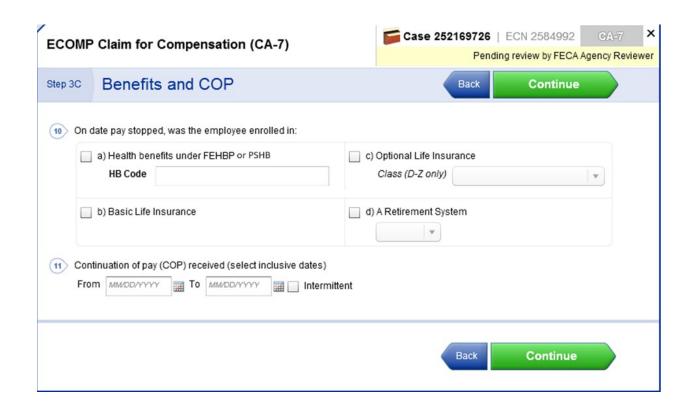


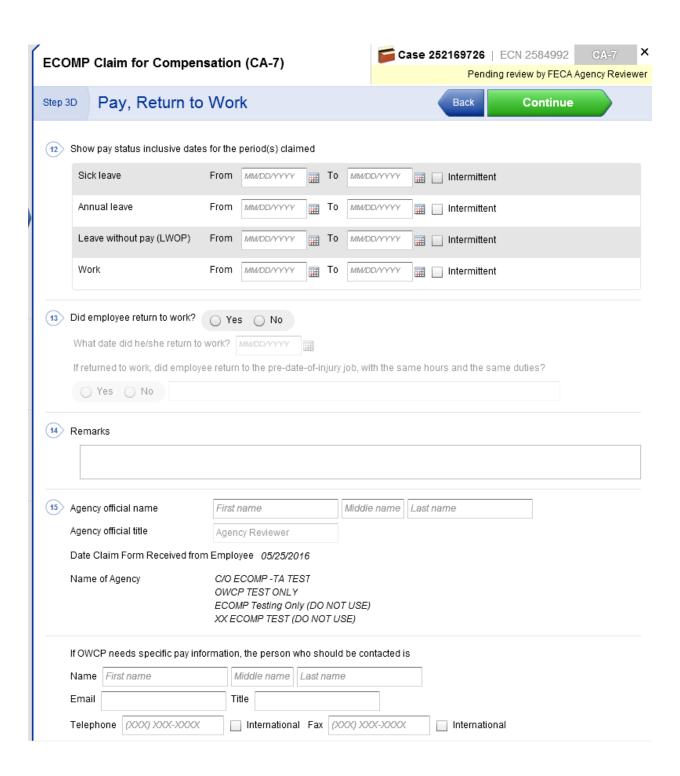


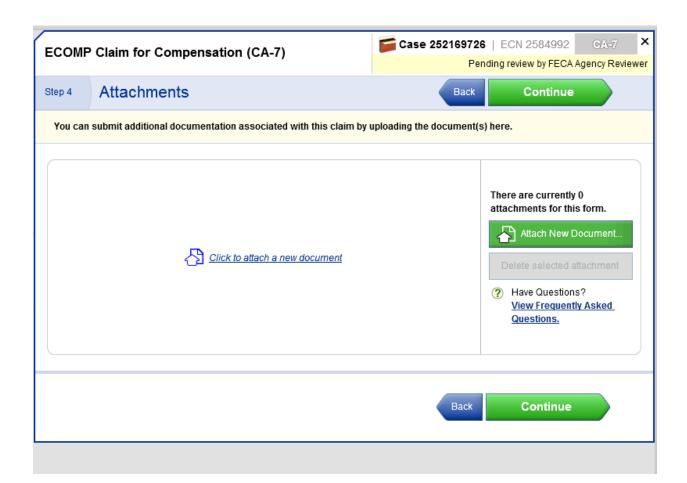
COMP	Claim for Compens	ation (CA-7)	Case 252169726   Pendir	ECN 2584992 CA-7		
tep 2	Review CA-7 C	aimant Part	Back	Continue		
	yee name (first, middle, last) nment organization wer	TOM SMITH  XX ECOMP TEST (DO NOT USE)  OWCP TEST ONLY  C/O ECOMP -TA TEST  203 UNION STREET  WASHINGTON, DC 20210  Agency Reviewer				
OWCP Date of Social	mailing address Prile Number finjury security number telephone	123 E ST WASHINGTON DC 252169726 02/01/2016 *****3333 2025551234	20210			
	ensation claimed	Leave without pay 05/01/2016	To 05/10/2016			
First-tir	deral employment? me claim? es to dependents?	No No Yes				
Depen	dent#1	So Lives with claimant.				
Depen	dent #2					
Are you making support payments for a dependent shown above?		No				
Third party claim		No, there will not be a claim made against a 3rd party.				
VA disa	ability benefits	No, I have not applied for nor receive Department of Veterans Affairs.  Claim # /month	ved benefits from the			



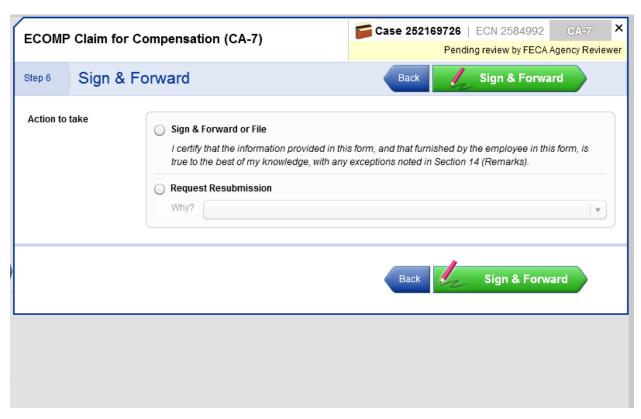


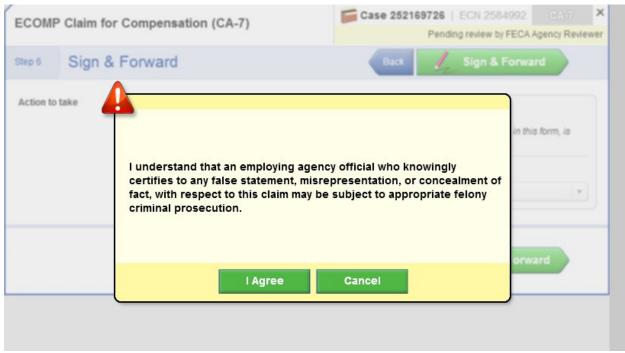




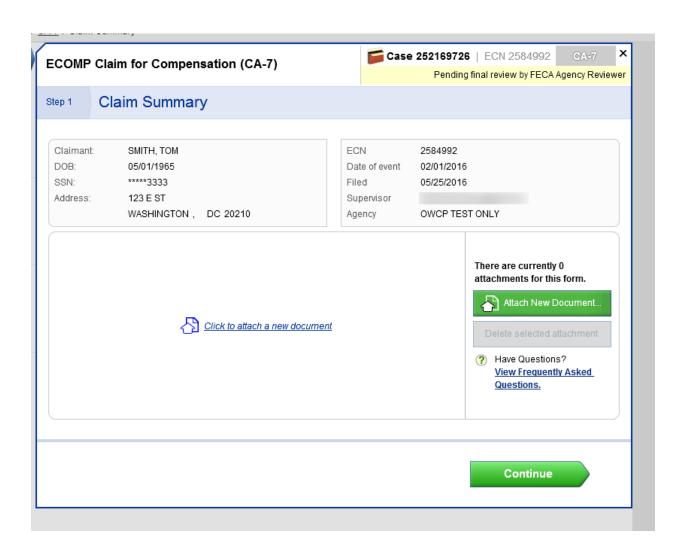


ECOME	Claim for Compensa	ation (CA 7)		<b>G</b> Case 252169726	ECN 2584992	CA-7 X
ECOMP	Claim for Compensa	tuon (CA-7)		Pend	ling review by FECA	gency Reviewer
Step 5	Review			Back	Continue	
Has a before	CA-7 been filed for this claim ?	No				
-	u have updated pay ation about this claimant?					
Date o	f injury	02/01/2016				
Pay ra	te as of date of injury	\$20 per Hour				
Additio	onal pay 1		per			
Additio	onal pay 2		per			
Additio	onal pay 3		per			
Date s	topped work	05/01/2016				
	te as of date the employee ad work	\$25 per Hour				
Additio	onal pay 1		per			
Additio	onal pay 2		per			
Additio	onal pay 3		per			
Fixed 4	40-hour per week schedule	Yes				
Sched	uled days	Mon Tue Wed	Thu Fr	i		
Sunda	y on which this period begins					
Week	1 hours					
Week	2 hours					
Date e	mployee stopped work					
	nployee work in position for nths prior to injury?	Yes				
	vould position have afforded yment for 11 months but for ury?					
Health	benefits under FEHBP	No (Code	)			
Option	al Life Insurance	No (Class	<u> </u>			
Basic I	Life Insurance	No				
Retirei	ment System	No (Plan	)			
Contin	uation of pay (COP) received	То				









ECOMP Claim for Compens		ation (CA 7)	<b>S</b> Case 252169726	G   ECN 2584992	CA-7 X		
		ation (CA-7)	Pending	final review by FECA	Agency Reviewer		
Step 2A	Claimant Portion	n	Back	Continue			
	vee name (first, middle, last) ement organization	TOM SMITH  XX ECOMP TEST (DO NOT USE)  OWCP TEST ONLY  C/O ECOMP -TA TEST  203 UNION STREET  WASHINGTON, DC 20210  Agency Reviewer					
	mailing address File Number	123 E ST WASHINGTON DC : 252169726	20210				
Date of	injury	02/01/2016					
Social 8	security number	*****3333					
Home t	telephone	2025551234					
Compe	ensation claimed	Leave without pay 05/01/2016 7	To 05/10/2016				
Non-fee	deral employment?	No					
First-tin	ne claim?	No					
Change	es to dependents?	Yes					
Depend	dent#1	Lives with claimant.					
Depend	dent #2						
	n making support payments ependent shown above?	No					
Third pa	arty claim	No, there will not be a claim made against a 3rd party.					
VA disa	ability benefits	No, I have not applied for nor receiv Department of Veterans Affairs.  Claim #	ed benefits from the				

COMP	Claim for Compensa	tion (CA-7)			Case 252169726   ECN 2584992 CA-7
\					Pending final review by FECA Agency Review
ep 2B	Supervisor Porti	on			Back Continue
Has a (	CA-7 been filed for this claim	No			
Do you have updated pay information about this claimant?					
Date of	injury	02/01/2016			
Pay rate	e as of date of injury	\$20 per Hou	r		
Additio	nal pay 1			per	
Additio	nal pay 2			per	
Additio	nal pay 3			per	
Date st	opped work	05/01/2016		J	
Pay rate	e as of date the employee d work	\$25 per Hou	r		
Additio	nal pay 1			per	
Additio	nal pay 2			per	
Additio	nal pay 3			per	
Fixed 4	O-hour per week schedule	Yes			
Schedu	ıled days	Mon Tu	e Wed	Thu	Fri
Sunday	on which this period begins				
Week 1	hours				
Week 2	? hours				
Date er	mployee stopped work				
	ployee work in position for oths prior to injury?	Yes			
	ould position have afforded rment for 11 months but for rry?				
Health	benefits under FEHBP	No (Code		)	
Optiona	al Life Insurance	No (Class		)	
Basic L	ife Insurance	No			
Retiren	nent System	No (Plan		)	
Continu	uation of pay (COP) received	To			

