1. POLICY. This Manual implements policies as defined in Defense Commissary Agency Directive (DeCAD) 50-23 “Injury Compensation Program,” (Reference (a)) and is in compliance with references listed within this document.

2. PURPOSE. This Manual provides detailed step-by-step procedures for carrying out the policy, assigns responsibilities, and provides guidance and procedures for an employee who is injured or suffers an illness because of job-related factors may be eligible for compensation payments under the Federal Employee Compensation Act (FECA). It is the policy of DeCA to facilitate processing of such claims to the Office of Workers’ Compensation Programs (OWCP), in a timely manner, based upon acquisition of needed information so that a final OWCP decision concerning benefit entitlements can be reached by that agency as quickly as possible. DeCA recognizes and endorses an employee’s rights to benefits when a valid claim is initiated. When claims are submitted that are not substantiated by the facts, these findings will be raised to OWCP for their consideration. In cases where fraudulent claims are supported by evidence, appropriate action will occur, which may include submission of the case to the U.S. Attorney’s Office for prosecution.

3. APPLICABILITY. This Manual applies to all DeCA organizational elements receiving civilian personnel support from DeCA, and to overseas DeCA activities receiving civilian personnel support from the military departments to the extent that it does not conflict or interfere with the processes and procedures of the servicing personnel office.

4. MANAGEMENT CONTROL SYSTEM. This Manual does not contain inter-management control provisions that are subject to evaluation, testing, and other requirements of DeCAD 70-2, “Internal Control Program,” (Reference (b)) and as specified by the Federal Manager’s Financial Integrity Act.

5. RELEASABILITY – UNLIMITED. This Manual is approved for public release and is located on DeCA’s Internet Web site at www.commissaries.com.
6. EFFECTIVE DATE. This Manual is effective immediately.

P. Kaye Kennedy
Director of Human Resources
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(c) DeCAD 30-17, “DeCA Safety and Occupational Health Program”
(d) U.S. Department of Labor Publication CA 810, “Injury Compensation for Federal Employee”
(f) Title 5 United States Code, Section 8101 et seq. “Federal Employee Compensation Act”
(h) Department of Defense Directive 5105.55, “Defense Commissary Agency (DeCA),”
   March 12, 2008
CHAPTER I
RESPONSIBILITIES

1-1. EMPLOYEES. Employees shall:

a. Strive to work safely and immediately report all unsafe working conditions or practices to their supervisor.

b. Immediately report a work-related traumatic injury or occupational illness to the first level supervisor or manager on duty. Instructions for filing an injury compensation claim for on-the-job injuries or illnesses are provided at Appendix A. (NOTE: Procedures to report hazards and filing an accident report (DeCAF 30-69) are contained in DeCAD 30-17, “DeCA Safety and Occupational Health Program,” Reference (c)). The importance of immediately reporting and providing required medical information concerning all on-the-job injuries/illnesses to the immediate supervisor cannot be overemphasized. Delay in reporting an injury or illness and completing the Forms CA-1 and CA-2 can impact timely processing of claims. Prompt and accurate reporting of all facts pertinent to claims will help expedite OWCP decisions. This action may be taken by someone acting on his/her behalf to include a family member, union official, representative, or agency official in the event the employee is incapacitated. The form claiming compensation entitlements must contain the original signature of the person giving notice.

c. Be responsible for providing medical documentation in a timely manner. Failure to provide this information may impact processing to include denial of continuation of pay (COP) if medical documentation is not provided within 10 calendar days from date of injury; delay benefit entitlements, or delay a decision concerning the claim.

d. Be responsible for insuring that all billings for services from private medical providers and for which he/she believes reimbursement is authorized are submitted to the OW.

e. Be responsible for providing the OWCP claim number, if available, to the medical provider to assist in this endeavor. An employee filing a claim for compensation benefits who knowingly provides false statements or fraudulent information is accountable under criminal or civil prosecution guidelines, administrative directives, or both.

f. Be responsible for returning to work when the medical documentation indicates that the employee may return to full duty or to limited duty with accommodations.

1-2. SUPERVISOR. The Supervisor shall:

a. Enforce safety and health regulations and promote safe working practices.

b. Immediately, upon notification of an alleged on-the-job traumatic injury or illness, the supervisor will advise the employee of their entitlement to choose a treatment physician. He or she may choose any licensed physician in private practice who is not excluded or he or she may choose to be treated at a government facility if one is available.

c. Complete the supervisor’s portion of the OWCP claims form submitted by employees. The OWCP CA-1 or CA-2 must be forwarded to reach OWCP within 10 workdays to be considered “timely filed” with OWCP. Therefore, it is imperative that the supervisor complete his or her section as soon as
possible and forward the claim form to the HQ’s ICPA, as appropriate, (no more than five days after receipt from the employee) to assure the form is submitted to OWCP in a timely manner.

d. Investigate the circumstances of the incident, obtain statements from witnesses, if any, and record his/her findings on the appropriate OWCP claim form. If the supervisor challenges the claim, the supervisor must provide his/her rationale along with any documentation that supports his/her position.

e. Participate in efforts to restore recovered and partially recovered employees to duty by providing restricted/limited duty assignments in accordance with Appendix B of this directive.

1-3. INJURY COMPENSATION PROGRAM ADMINISTRATOR (ICPA). The ICPA shall:

a. Offer counseling, provide advice and assistance to employees and supervisors concerning the program and submission of OWCP claims U.S. Department of Labor Publication CA 810, “Injury Compensation for Federal Employee,” (Reference (d)) and “Department of Defense Manual 1400.25-M, “Injury Compensation,” (Reference (e)).

b. Coordinate with supervisors when challenging a claim to assure all the documentation is complete and forwarded to OWCP in a timely manner.

c. Assure that claims are processed in a timely manner by assuring forms are electronically forwarded to reach OWCP within the 10-workday time limit established by Department of Labor (DOL).

d. Review medical documentation to determine if COP is warranted and advise supervisor in controverting the COP or requesting acceptable medical documentation. If the controversial is upheld by OWCP the ICPA will advise the supervisor immediately and coordinate to have the time cards corrected accordingly. If the claim is denied, the ICPA will notify the supervisor of the same.

e. Track and monitor COP and process claims for compensation or leave buy back.

f. Review claims for compensation benefits to assure required documentation is provided in order to determine the eligibility for the compensation.

g. Review leave buy back requests and coordinate with the payroll office and DoL to assure entitlement.

h. Develop and implement processes that may result in reduction in injuries/illnesses cost, such as reemployment strategies, and challenge questionable claims.

i. Provide statistical data related to compensation claims and the reduction of injuries/costs.

j. Review the DoL Chargeback listing for accuracy and for use in case management. Track old and new claims through established procedures by the program manager.

k. Work with OWCP officials, rehabilitation counselors, management, and the medical community to return claimants to duty.

l. Work with appropriate DoD workers' compensation liaison officials to resolve difficult issues and problem cases.
m. Provide training to supervisors as necessary.

1-4. STORE POINT OF CONTACT (POC). Each store shall designate a management official as a POC for worker’s compensation. The POC shall:

   a. Review forms for completeness and accuracy, and provide basic guidance/information to employees and supervisors regarding the program.
   
   b. Ensure that forms are forwarded to the HQs ICPA within five days of receipt.

1-5. FEDERAL EMPLOYMENT COMPENSATION ACT (FECA) WORKING GROUP. The FECA (Title 5 U.S. Code, Section 8101 et seq. (Reference (f)) working group shall:

   a. Discuss matters pertinent to the Injury Compensation Program. This group is authorized to review processes and make recommendations concerning all facets of the Injury Compensation Program.
   
   b. Such recommendations may include, but are not limited to:

      (1) Reemployment of injured workers.
      
      (2) Processes that may result in reduction of injuries/illnesses associated with the job.
      
      (3) Challenging claims.
      
      (4) Fraudulent claims.
      
      (5) Other related FECA matters.

1-6. SAFETY MANAGER. The Safety Manager shall:

   a. Use the injury/illness compensation claim form to augment the DeCA accident reporting system to gather evidence of unsafe practices or hazardous conditions.
   
   b. Perform or cause to be performed an investigation of the event to prevent recurrence. May provide factual information from the accident investigation for use in the compensation investigation report.
   
   c. Serve as a member of the FECA working group.

1-7. HQ DIRECTOR OF HUMAN RESOURCES. The HQ Director of Human Resources shall:

   a. Provide overall policy guidance on matters pertaining to the Injury Compensation Program.
   
   b. Appoint a Workers’ Compensation Program Manager who will assist in the development of agency-wide policy, program goals, monitoring progress, and compliance with DoL rules and regulations.
CHAPTER 2

PROCEDURES FOR FILING INJURY COMPENSATION CLAIM

2-1. DETERMINES MEDICAL NEEDS. Regardless of the category of medical condition, the first concern will be to determine if the employee needs immediate medical care. If immediate care is needed, emergency services will be contacted and/or the employee will be transported to the closest available medical facility. In most cases the base facilities will be the closest available and should be used if possible. If the injury does not constitute an immediate medical emergency, the supervisor should advise the employee of the need to complete all appropriate injury forms.

2-2. FORMS. Once the employee has completed the claimant portion of the original CA-1, CA-2, or CA-2a (see Appendix A) the forms are given to the employee’s immediate supervisor for completion. The original forms may be duplicated but an original signature must be on all copies. Signed statements from witnesses to the injury, if any, should be obtained and the supervisor or person responsible for the employee should make a narrative report of his/her investigation into the facts of the injury. This report must include when and how the injury or illness was brought to the attention of the supervisor if he/she did not personally witness the accident. The CA-1, CA-2, or CA-2a Forms must be sent to the HQs ICPA, as appropriate, within five calendar days of receipt of the claim from the employee. The supervisor should make a copy of the form for the Supervisor’s Employee Record. The supervisor in coordination with the ICPA, will contact the injured employee for the purpose of possibly returning the employee to duty.

2-3. CONTINUATION OF PAY (COP). The employee may be eligible for uninterrupted pay beyond the date of injury without charge to leave. This benefit is called COP and is granted when the following conditions are met: in accordance with (IAW) Title 20, Code of Federal Regulations, Part 10, “Employee Benefits Code,” April 2009 (Reference (f)).

   a. The employee suffered a traumatic injury and filed the Form CA-1 within 30 days of the injury.

   b. The employee has provided valid medical documentation within 10 calendar days of filing the claim to show that he/she cannot work in any capacity due to the injury.

   c. The absence from the injury began within 45 calendar days from the date of injury.

   d. The employee’s absences do not exceed a total of 45 calendar days of COP. COP counts in whole day increments. If an employee works partial days, the entire day is counted towards the 45-day entitlement.

2-4. SUPERVISORS FOLLOW-UP. Supervisors should check with the ICPA for instructions on the proper time-keeping procedures for employees who are receiving COP. It is important to note that COP is not authorized for occupational diseases or injuries for which Form CA-2 has been filed. Supervisors should stay in contact with the employee during this period to assure that the employee is receiving necessary medical treatment and to determine if the employee is able to return to duty with or without accommodation. The ICPA will work with the supervisor to monitor the employee’s potential recovery and reemployment status during the COP period.
2-5. CLAIM CHALLENGE. Sometimes a supervisor may object to the claim and/or COP.

   a. The supervisor may challenge a claim in its entirety because of insufficient information, questions of fact or other reasons specified by governing directives. Challenges will be based upon available evidence that may contradict the employee’s claim. Detailed information should be submitted in support of the challenge.

   b. The supervisor may controvert COP by completing the indicated portion of the Form CA-1.

   c. OWCP makes the official decision whether to accept or deny a claim and or COP. Even though a claim is challenged and or controverted, the agency must continue the employee’s regular pay status unless at least one of the following conditions applies:

      (1) The disability was not caused by a traumatic injury.

      (2) The employee is not a U.S. citizen.

      (3) The injury occurred off government premises and the employee was not involved in performance of official duties.

      (4) The injury was caused by the employee’s willful misconduct or the employee’s intoxication was the proximate cause of the injury.

      (5) The injury was not reported on CA-1 within 30 days following the injury.

      (6) Work stoppage first occurred 45 days or more after the injury.

      (7) The employee initially reported the injury after employment was terminated.

      (8) The employee is a volunteer working without pay or for nominal pay, or a member of the office staff of a former president.

      (9) The employee is enrolled in the Civil Air Patrol, Peace Corps, Youth Conservation Corps, Work Study Programs, or other similar groups.

   d. The supervisor may not authorize COP under any of the above conditions. If the employee is otherwise eligible for COP, but the claim is later denied by OWCP, then OWCP will direct that we change the COP absences to leave or leave without pay.

2-6. COP STOPPED. When COP has been granted to the employee, it may be stopped only when at least one of the following circumstances is present:

   a. Medical evidence that supports the work related incapacitation is not received within 10 calendar days after the claim is submitted.

   b. The medical evidence shows that the employee is not disabled from his or her regular position.

   c. The medical evidence show that the employee is not totally disabled, and the employee refuses a suitable offer to an alternative position.
d. The employee returns to work with no loss of pay.

e. The employee’s period of employment expires.

f. OWCP directs the employer to stop COP.

g. COP has been paid for the 45 calendar days.

2-7. **SUPERVISORS RESPONSIBILITY.** Supervisors will be actively involved in actions to reduce the cost associated with workers’ compensation claims. These actions are collectively referred to as case management and include but are not limited to the following:

a. Assure all forms are accurate and completed within established time frames.

b. Monitor COP days and accuracy of posting to timecards to assure that COP does not exceed 45 calendar days.

c. Work with the ICPA and medical officials to return the employee/former employee to work as soon as possible.

d. Strive to provide the claimant with gainful employment with consideration given to the claimant’s abilities and medical restrictions. This effort may involve temporary or permanent job modifications or placement into an entirely new occupational category.
CHAPTER 3

INVESTIGATION INTO FRAUD

3-1. FRAUD INVESTIGATION. The supervisor or other authorized personnel will investigate any suspected or reported allegations of fraudulent compensation claims. Such investigation may include gathering of witness statements, evidence of other employment or volunteer activities, etc. Any knowledge of alleged fraud will be reported to the HQs ICPA, as appropriate.

3-2. FRAUD DETERMINATION. Following a review of all pertinent documentation a determination will be made whether to request the assistance of other officials to pursue the matter. Provided there is sufficient evidence of possible fraud, the case should be brought to the attention of the DeCA HQ Inspector General (IG), the DoD OWCP Liaison Office, and the appropriate DoL District Office.
1. Provide original CA-1 for traumatic injuries, or CA-2 for occupational illnesses, or a CA-2a for recurrence of disability.

2. Employee completes items 1-15 on the front page of the CA-1, or items 1-18 on the CA-2, or items 1-24 on the CA-2a. Pencil may not be used to complete the form.

3. The original CA-1, CA-2, or CA-2a must be given to immediate supervisor. The supervisor is responsible for completing items 17-38 on the back of the CA-1, or items 19-35 on the back of the CA-2, or items 25-44 on the CA-2a. The supervisor is responsible for obtaining the witness statement, if any, in item 16 on the CA-1. On the CA-1, item 24, or the CA-2, item 27, should be completed only when the employee actually stops work. If the employee does not stop work, leave item 24 (CA-1), or item 27 (CA-2) blank.

4. Upon completion and within five calendar days after receipt from the employee, the supervisor submits the completed CA-1 or CA-2 to the ICPA.

5. When a CA-1 has been submitted and no medical expenses have been incurred and no lost time is reported, the process is complete. All CA-2 and CA-2a claims must be forwarded to ICPA.

6. If the employee is seeking compensation for medical bills or lost time, supporting medical evidence must be provided. If an employee seeks treatment from a private physician, all medical records must be forwarded to the ICPA. The employee will be provided information at the time a claim is initiated explaining the type of medical evidence necessary to support the claim.

7. If lost time is incurred, contact must be made with the ICPA as soon possible. Lost time must be supported by medical evidence. The dates and number of hours lost must also be provided to the supervisor and ICPA.

8. Failure to submit documentation of an on-the-job injury in a timely manner may impact the processing of a claim. Therefore, it is imperative that completed paperwork be forwarded to the ICPA as soon as possible.

9. Questions regarding the compensation program or its procedures should be directed to the ICPA.
EMPLOYMENT GUIDELINES FOR EMPLOYEES INJURED ON DUTY

1. DeCA is committed to the health and welfare of individuals who have been injured on the job. This includes not only getting the employee the proper medical attention and treatment, but also making accommodations in the work place to keep the employee gainfully employed. We are also obliged to reemploy individuals who are no longer employees and who have been out of work, receiving compensation payments due to their job related medical conditions.

2. Supervisors will attempt to assign injured employees to duties consistent with their medical restrictions. It may be possible that a store worker (forklift operator) who has injured his/her back can actually operate the forklift while not being able to perform the heavy lifting associated with the job. If no suitable assignment can be found within the employee’s department, the supervisor will make attempts to place the employee with other departments in the commissary. If this is unsuccessful, the supervisor should contact the ICPA or personnel satellite office to discuss what other options may be available. To assist with making this determination the CA-17, Duty Status Report, should be initiated.

3. There is no requirement to confine an employee’s placement to a single job or to the same job that the employee was performing when injured. It may be necessary to assign the employee to duties found in two or more different jobs that are compatible with the employee’s limitations as prescribed by the physician.

4. While an employee is temporarily assigned to limited/restricted duty, the employee’s pay or grade is not affected. If an employee’s restrictions are determined to be of an indefinite or permanent nature, action may be necessary to effect a permanent placement action into a position that he/she can perform.

5. Supervisors must also consider the reemployment of individuals who are no longer employees of the Agency, but because of their job related injuries are currently receiving compensation benefits from OWCP. Such individuals may often be reemployable because of full or partial recovery from their injuries, rehabilitation efforts, changes in work-place technologies, or new job vacancies in the organization. The goals here are to return the individual to gainful, productive employment and to reduce the costs associated with our workers’ compensation bill.

6. The following list of tasks and physical requirements is provided for your consideration when deciding what employment opportunities may exist for injured employees:
   a. Run errands/messages throughout the department/store. This involves some walking or use of vehicles with no heavy lifting.
   b. Provide telephone or receptionist services, ascertains nature of call or business of visitors and determines appropriate action; mostly sedentary; can get up and move around at will.
   c. Clean up office, department, or store areas using dust pans and brooms; requires some walking, bending, and lifting light objects.
   d. Pick up recycled papers; involves some lifting, bending, climbing stairs, walking.
   e. Pick up leaves/general trash in and around store; involves walking, bending, stooping, no heavy lifting, indoors and outdoors.
f. Drives store vehicle to pick up/drop off personnel or materials; sedentary; can get up and move around when not driving.

g. Filing material and maintaining office filing systems; mostly sedentary; some bending and walking.

h. Locating and assembling information for various reports, briefings, conferences, etc.; mostly sedentary; involves some walking and bending.

i. Escort contractor/vendor personnel while in store; most sedentary; involves some walking; mostly indoors.

j. Assist with minor repairs of store equipment of fixtures; involves standing, bending, stooping, light lifting.

k. Serving as document clerk; mostly sedentary.

l. Assembles, prepares and submits organization's reports of staff time and attendance records; mostly sedentary; involves some walking.

m. Work in salvage area to sort and distribute damaged products and recycle those verified by the Veterinarian to be sellable, mark such items down; work is generally sedentary; some stooping, bending and light lifting.

n. Requisitions office supplies, request repairs on office equipment and printing services; mostly sedentary; involves some walking bending and light lifting.

o. Writing simple and repetitive non-technical correspondence; mostly sedentary.

p. Scan and fax reports/data to HQ or Regions.

7. The above tasks are provided as examples of some of the tasks that are performed in the work environment which require little or no great physical exertion. The list is not considered to be all-inclusive. There may be many other tasks that are available and could provide for gainful employment opportunities for individuals on our compensation rolls.
APPENDIX C

LIST OF FREQUENTLY USED FORMS

CA-1, Federal Employee’s Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation. Upon completion and presentation to supervisor by employee, this form provides official notice to the supervisor and to the OWCP that a traumatic injury has occurred.

CA-2, Notice of Occupational Disease and Claim for Compensation. Upon completion and presentation to supervisor by employee, provides official notice to supervisor and the OWCP of an occupational illness or disease caused or aggravated by factors of employment.

CA-2a, Federal Employee’s Notice of Recurrence of Disability and Claim for Continuation of Pay/Compensation. Used to report a recurrence of an earlier disability.

CA-5, Claim for Compensation by Widow, Widower, and/or Children. Serves as official notice to OWCP of surviving widows, widowers, or children’s claim for compensation due to an employee’s death, which resulted from job-related injury or illness.

CA-5b, Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren. Serves as official notice of eligible dependent’s claim for compensation due to employee’s death, which resulted from job-related injury or illness.

CA-6, Official Supervisors Report of Employee’s Death. Serves as official notice of an employee’s job related death.

CA-7, Claim for Compensation on Account of Traumatic Injury or Occupational Disease. Used to claim compensation for wages or time lost due to a traumatic injury or occupational disease. Also used to initiate a claim for a schedule award or leave buy back.

CA-7a, Time Analysis Form. Used when an employee is claiming a leave buy back of a continuous time frame, or to claim dates of intermittent LWOP and/or leave.

CA-7b, Leave Buy Back (LBB) Worksheet/Certification and Election. Used to provide the employee an estimate of the cost of LBB, and an election as to whether the employee wishes to continue with LBB once apprised of cost.

CA-16, Authorization for Examination, and/or Treatment. Used to authorize an employee, who claims a traumatic injury, to obtain examination or treatment at a medical source of his or her choice. Issued for traumatic injuries that have occurred within the last 48 hours.

CA-17, Duty Status Report. Used in traumatic injury cases to provide supervisor and OWCP with medical information as to employee’s ability to return to any type of work.

CA-20, Attending Physician’s Report. Provides medical information in support of a claim and is attached to Form CA-7.

CA-35a through h, Occupational Disease Checklists. Used to ensure employees are notified to provide complete and factual documentation regarding factors of employment alleged to have caused occupational illness/disease, as well as notification of the specific, detailed medical documentation required in support.
of claim. Used by supervisors to ensure required documentation to support or controvert an employee's claim is obtained and submitted.

CA-35a, Evidence Required in Support of a Claim for Occupational Disease. Used for occupational illness/disease cases which do not fall into the following listed illness/disease categories.


CA-35c, Evidence Required in Support of a Claim for Asbestos Related Illness.


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 (not Asbestosis).

CA-35g, Evidence Required in Support of Claim for Work-Related Psychiatric Illness.

CA-35h, Evidence Required in Support of a Claim for Work-Related Carpal Tunnel Syndrome.

OWCP/HCFA 1500, Health Insurance Claim Form. Used by medical providers to claim payment of expenses incurred in treating injured employees.
GLOSSARY

DEFINITIONS

accommodation. Something supplied for convenience or to satisfy a need.

continuation of pay. A continuation of an employee's regular salary for up to forty-five (45) calendar days of wage loss due to disability and or medical treatment following a traumatic injury.

controvert/controversy. To dispute or oppose by reasoning.

disability. Inability to pursue an occupation because of a physical or mental impairment.

DeCA Headquarters Inspector General (IG). Inquire into allegations of fraud, waste, and abuse (FWA) and conduct inquiries and investigations involving systemic problems or personnel complaints.

Department of Labor (DOL). The United States Department of Labor is a Cabinet department of the United States government responsible for occupational safety, wage and hour standards, unemployment insurance benefits, reemployment services, and some economic statistics. The purpose of the DOL is to foster, promote, and develop the welfare of the wage earners, job seekers, and retirees of the United States; improve working conditions; advance opportunities for profitable employment; and assure work-related benefits and rights.

fraud. An act of deceiving or misrepresenting.

leave without pay. A temporary non-pay status and absence from duty that, in most cases, is granted at the employee's request. In most instances, granting LWOP is a matter of supervisory discretion and may be limited by agency internal policy.

occupational disease or illness. A condition produced in the work environment over a period longer than one workday or shift. It may result from systemic infection, repeated stress or strain, exposure to toxins, poisons, fumes or other continuing conditions of the work environment.

physician. A physician includes surgeons, podiatrists, dentists, clinical psychologists, optometrists, osteopathic practitioners, and chiropractors within the scope of their practice as defined by state law.

traumatic injury. A wound or other condition of the body caused by external force, including stress or strain. The injury must be identifiable as to time and place of occurrence and member or function of the body affected. It must be caused by a specific event or incident or series of events or incidents within a single day or work shift. Traumatic injuries include damage to or destruction of prosthetic devices or appliances, including eyeglasses and hearing aids if they were damaged incidental to a personal injury requiring medical services.
# GLOSSARY

## ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>COP</td>
<td>continuation of pay</td>
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<td>DeCA</td>
<td>Defense Commissary Agency</td>
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<td>Defense Commissary Agency Directive</td>
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<td>in accordance with</td>
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<td>Injury Compensation Program Administrator(s)</td>
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<td>Inspector General</td>
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