



DEPARTMENT OF LABOR

Office of Workers' Compensation Programs

[OMB Control No. 1240-0046]

Proposed Extension of Information Collection; FECA Medical Report Forms, Claim for Compensation

AGENCY: Office of Workers' Compensation Programs, Division of Federal Employees' Compensation, (OWCP/DFEC) Labor.

ACTION: Request for public comments.

SUMMARY: The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden, conducts a pre-clearance request for comment to provide the general public and Federal agencies with an opportunity to comment on proposed collections of information in accordance with the Paperwork Reduction Act of 1995. This request helps to ensure that: requested data can be provided in the desired format; reporting burden (time and financial resources) is minimized; collection instruments are clearly understood; and the impact of collection requirements on respondents can be properly assessed. Currently, the Office of Workers' Compensation Programs, Division of Federal Employees' Compensation, (OWCP/DFEC) is soliciting comments on the information collection for the FECA Medical Report Forms, Claim for Compensation, OWCP Forms: CA-7, CA-16, CA-17, CA-20, CA-1332, CA-1090, CA-1305, CA-1331/CA-1087, & OWCP-5s.

DATES: All comments must be received on or before [INSERT DATE 60 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER].

ADDRESSES: You may submit comment as follows. Please note that late, untimely filed comments will not be considered.

Electronic Submissions: Submit electronic comments in the following way:

- Federal eRulemaking Portal:

https://www.regulations.gov. Follow the instructions for submitting comments for WCPO-2026-0100, including attachments, to *https://www.regulations.gov* will be posted to the docket, with no changes. Because your comment will be made public, you are responsible for ensuring that your comment does not include any confidential information that you or a third party may not wish to be posted, such as your or anyone else's Social Security number or confidential business information.

- If your comment includes confidential information that you do not wish to be made available to the public, submit the comment as a written/paper submission.

Written/Paper Submissions: Submit written/paper submissions in the following way:

- Mail/Hand Delivery: Mail or visit DOL-OWCP/DFEC, Office of Workers' Compensation Programs, Division of Federal Employees' Compensation, U.S. Department of

Labor, 200 Constitution Ave., NW, Room S-3323,
Washington, DC 20210

- OWCP/DFEC will post your comment as well as any attachments, except for information submitted and marked as confidential, in the docket at <https://www.regulations.gov>.

FOR FURTHER INFORMATION CONTACT: Anjanette Suggs, Office of Workers' Compensation Programs, Division of Federal Employees' Longshore, and Harbor Workers' Compensation, OWCP/DFELHWC, at suggs.anjanette@dol.gov @dol.gov (email); (202) 354-9660.

SUPPLEMENTARY INFORMATION:

I. Background

The Office of Worker's Compensation Programs (OWCP) administers the Federal Employees' Compensation Act (FECA), which provides for continuation of pay or compensation for work related injuries or disease from federal employment. 5 U.S.C. § 8149, Congress gives the Secretary of Labor authority to prescribe the rules and regulations necessary for the administration and enforcement of the FECA. The relevant statutory provision allowing for an individual to make a claim for compensation benefits is found at 5 U.S.C. §8102, Compensation for disability or death of employee.

The information collected by these forms is used by claims examiners for OWCP to determine eligibility for and the computation of benefits. The claim forms, with the

medical evidence, are used to determine whether or not the claimant is entitled to compensation for disability for work or permanent impairment of a scheduled member; the appropriate period, rate of pay, compensation rate, any concurrent employment or dual benefits, and third party credit. The OWCP-5 forms are also used by rehabilitation specialists and nurses to assist partially disabled employees to return to suitable employment. Without the requested information, entitlements to an eligible beneficiary could be denied or delayed, or benefits could be authorized at an incorrect rate, resulting in an underpayment or overpayment of compensation.

See:

<https://www.dol.gov/agencies/owcp/FECA/regs/statutes/feca>

See: eCFR : 20 CFR Part 10 -- Claims for Compensation Under the Federal Employees' Compensation Act, as Amended

II. Desired Focus of Comments

OWCP/DFEC is soliciting comments concerning the proposed information collection related to the Request for Employment Information. OWCP/DFEC is particularly interested in comments that:

- Evaluate whether the collection of information is necessary for the proper performance of the functions of the Agency, including whether the information has practical utility;

- Evaluate the accuracy of OWCP/DFEC's estimate of the burden related to the information collection, including the validity of the methodology and assumptions used in the estimate;
- Suggest methods to enhance the quality, utility, and clarity of the information to be collected; and
- Minimize the burden of the information collection on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

Documents related to this information collection request are available at <https://regulations.gov> and at DOL-OWCP/DFEC located at 200 Constitution Ave., NW, Room S-3323, Washington, DC 20210. Questions about the information collection requirements may be directed to the person listed in the FOR FURTHER INFORMATION section of this notice.

III. Current Actions

This information collection request concerns the FECA Medical Report Forms, Claim for Compensation, OWCP Forms: CA-7, CA-16, CA-17, CA-20, CA-1332, CA-1090, CA-1305, CA-1331/CA-1087, & OWCP-5s. OWCP/DFEC has updated the data with respect to the number of respondents, responses, burden hours, and burden costs supporting this information

collection request from the previous information collection request.

Type of Review: Extension, with change, of a currently approved collection.

Agency: Office of Workers' Compensation Programs, Division of Federal Employees' Compensation, OWCP/DFEC.

OMB Number: 1240-0046.

Affected Public: Private Sector - Business or other For-profits.

Number of Respondents: 279,100.

Frequency: On Occasion.

Number of Responses: 279,100.

Annual Burden Hours: 26,648.

Annual Respondent or Recordkeeper Cost: \$173,740.

OWCP/DFEC 1240-0046: OWCP/DFEC FECA Medical Report Forms, Claim for Compensation.

Comments submitted in response to this notice will be summarized in the request for Office of Management and Budget approval of the proposed information collection request; they will become a matter of public record and will be available at <https://www.reginfo.gov>.

Anjanette Suggs,
Certifying Officer.

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