

## Filing a CA-1 in ECOMP – Instructions for Employees

*Please use the instructions below to fill out a CA-1 in ECOMP. Since the completion of a CA-2 in ECOMP is similar to a CA-1, these instructions can also be followed in the case of an occupation disease claim.*

To file a new workers' compensation claim, visit the ECOMP homepage at: <https://www.ecomp.dol.gov/#>.

If you have already registered for an ECOMP account, click on "Sign In" in the upper right corner of the ECOMP homepage.

If you have not registered for ECOMP, select "Register with ECOMP" or visit <https://www.ecomp.dol.gov/#Register> and complete the information required to establish an account in ECOMP. Once this has been completed, please return to these instructions to file a workers' compensation claim with the Department of Labor.

Information about filing a form in ECOMP can be found at:

- Overview: <https://www.ecomp.dol.gov/content/help/HowToFile.html> and
- Training Slides/Videos: <https://www.ecomp.dol.gov/content/help/FilingFormsAsAnInjuredWorker/index.html>

**For additional assistance with ECOMP, please contact NOAA's workers' compensation contractor, Managed Care Advisors, Inc. (MCA). MCA can be reached on 1-844-DOC-CLAIM (1-844-362-2524) or [DOCWCClaims@managedcareadvisors.com](mailto:DOCWCClaims@managedcareadvisors.com).**

Inbox (20) - jennifer x ECOMP / Home x

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

Apps Customize Links Imported From IE Workers Comp Tools NOAA News

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

**System ECOMP**

Letter from CE ....pdf

Show all downloads...

### 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](#)

Clicking on "Sign In" brings up a pop-up window. Type in the email address and the password you established when you registered for ECOMP. Click on "Sign In."

The screenshot shows a web browser window with the URL <https://www.ecomp.dol.gov/#>. The browser's address bar and tabs are visible at the top. The website header includes the ECOMP logo and navigation links: [ECOMP Home](#), [File a Form](#), [Upload Document](#), and [Register with ECOMP](#). A status message indicates the user is not signed in, with links for [Sign In](#) and [Register](#).

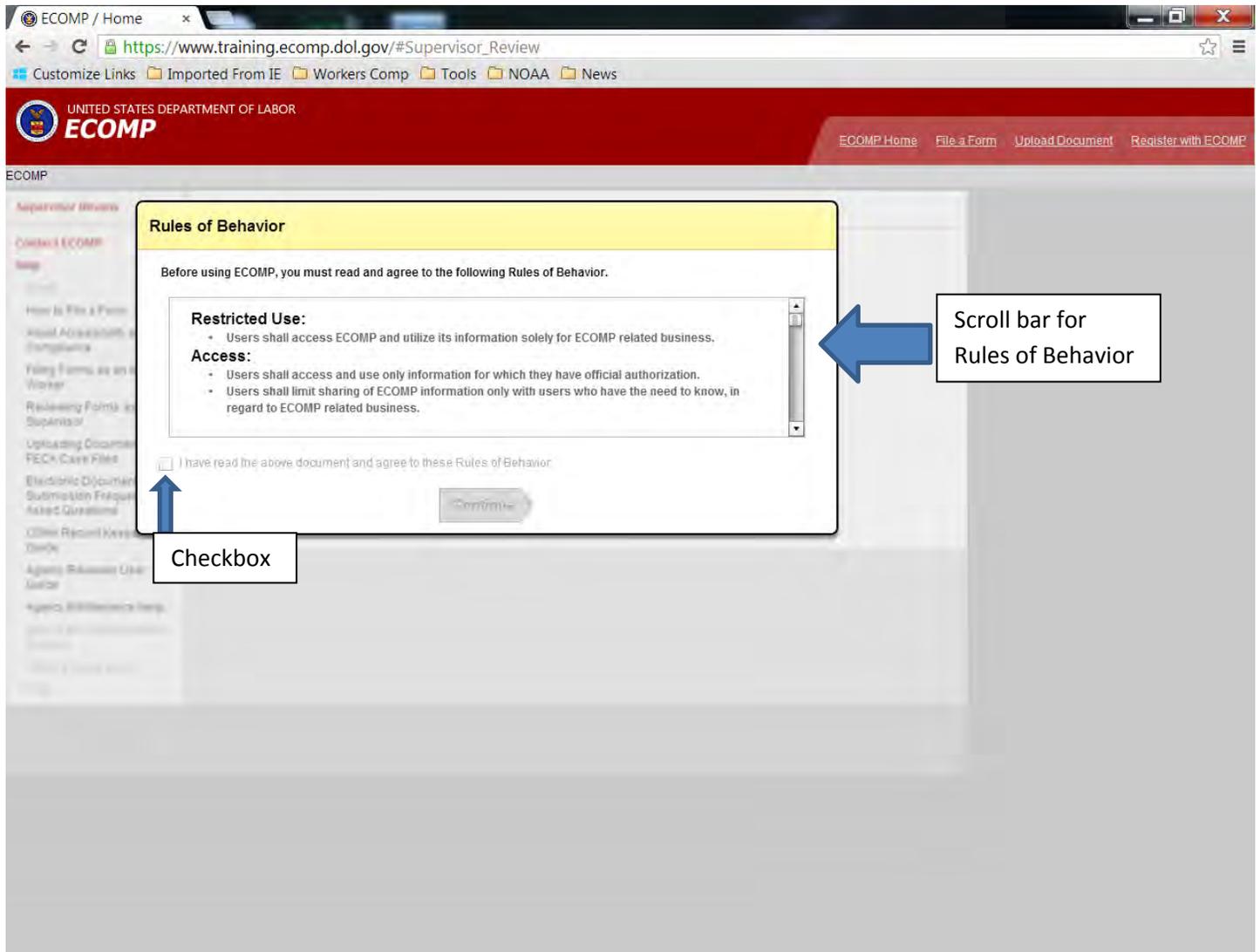
The main content area features a "Welcome to ECOMP" banner. A yellow "ECOMP Sign In" pop-up window is centered on the screen, containing the following text and form elements:

- ECOMP Sign In** (with a close button 'X')
- Text: "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](#)."
- Form fields for "Email Address" and "Password".
- A link for [Forgot password](#).
- Links for [Don't have an account yet? Register now.](#) and [Reviewers & administrators sign in here.](#)
- A prominent green **Sign In** button.

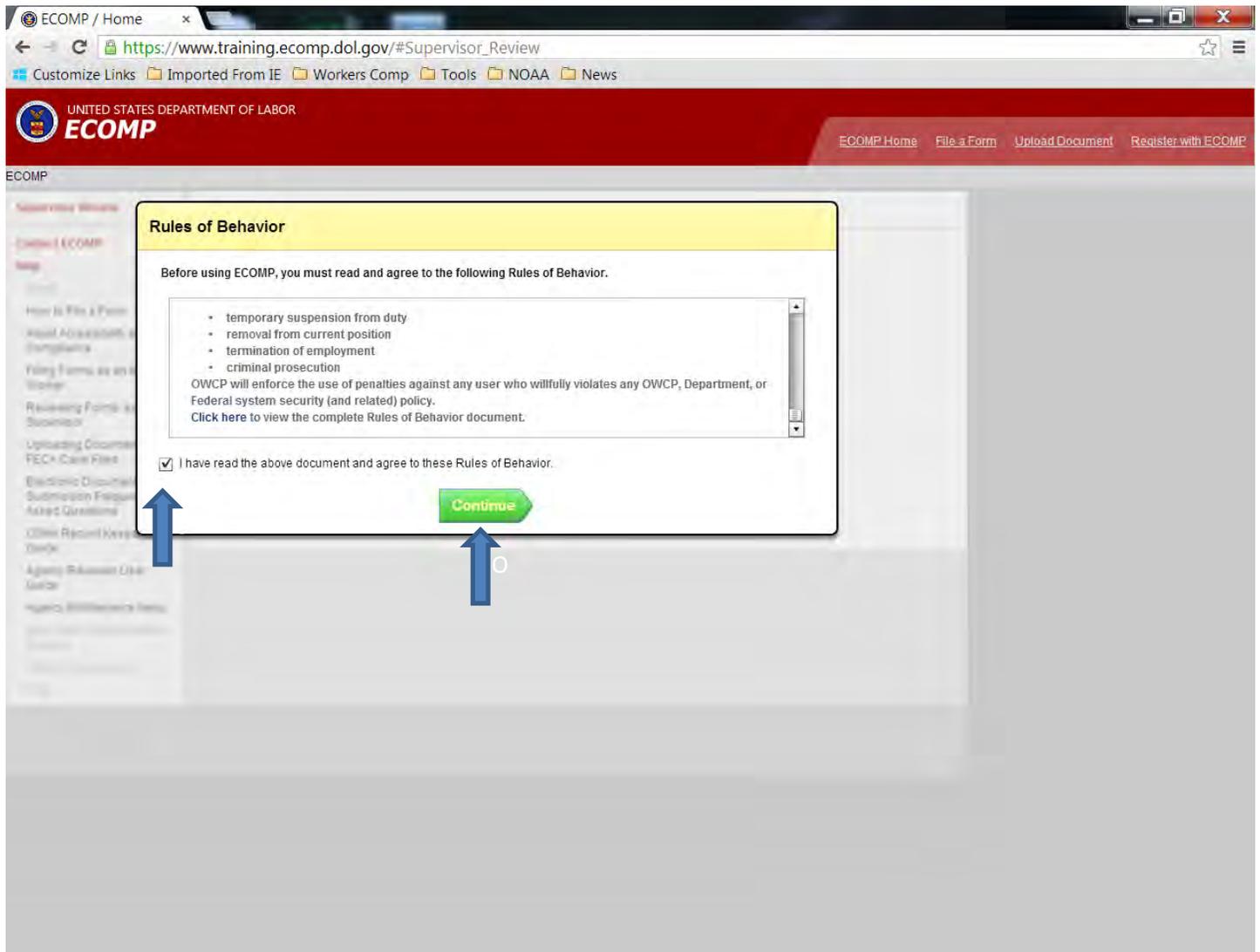
A blue arrow points to the "Sign In" button in the pop-up window. Below the pop-up, the main page content includes a "File Form" button, a "Sign In / Register" button, and an "Access Case & Upload Document" button. The browser's taskbar at the bottom shows a PDF file named "Letter from CE ....pdf" and a "Show all downloads..." button.

If this is your first time signing in to ECOMP, you will be directed to the Rules of Behavior screen. Note that the checkbox and Continue button to indicate agreement with the rules are still greyed out. The entire Rules of Behavior must be reviewed by scrolling down before you can indicate agreement with them.

See [Page 6](#) of this document if you have already signed in to ECOMP during an earlier session.



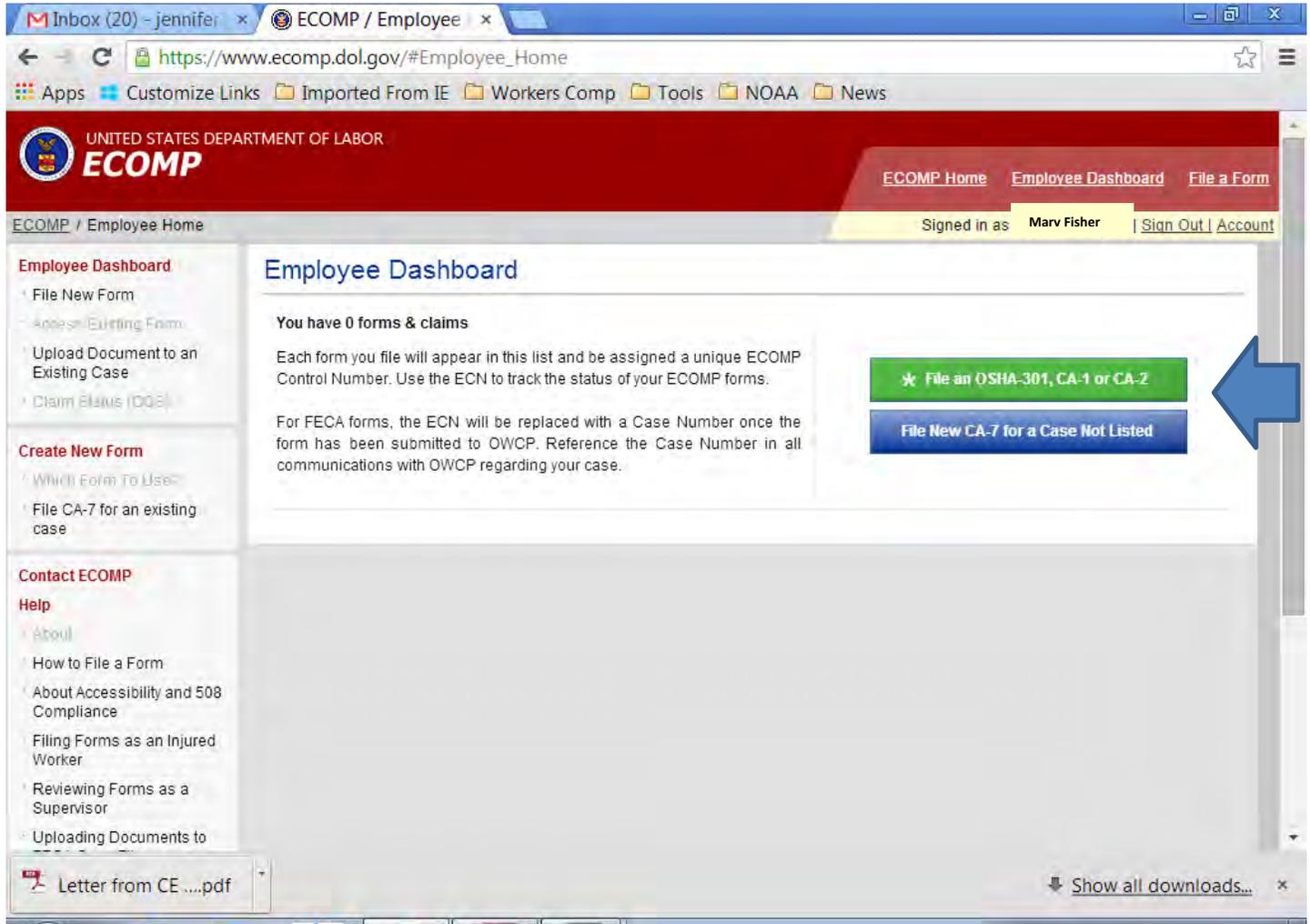
Once all of the Rules of Behavior have been reviewed, click in the checkbox to indicate agreement and then click "Continue."



The next screen brings you to your Employee Dashboard.

Click on “File an OSHA-301, CA-1 or CA-2” if you want to file a new workers’ compensation claim with the Department of Labor. If you want to file a CA-7 for a case that has not yet been entered into ECOMP, select “File New CA-7 for a Case Not Listed.”

*Note that the remainder of these instructions are directed at the completion of a CA-1 in ECOMP.*



Selecting “File an OSHA-301, CA-1 or CA-2” brings you to the following screen. The information is pre-populated based on the registration information you provided. If the information is correct, click on “File a CA-1 or CA-2.” If the information is not correct, use the drop-down menu to select the correct Duty Station (your Line or Staff Office). Then click on “File a CA-1 or CA-2.”

**\*Note:** Do not use the “Filter by State” function because NOAA’s offices are not organized this way in ECOMP. All of NOAA’s claims appear in ECOMP as if the Duty Station is in Maryland despite the physical location of your office.

The screenshot shows the ECOMP website interface. The browser address bar displays [https://www.ecomp.dol.gov/#Which\\_Form\\_Selector](https://www.ecomp.dol.gov/#Which_Form_Selector). The page title is "Which Forms Can I File?".

**Left Sidebar:**

- ECOMP Home**
- Employees & Claimants**
  - File New Form
  - Access Existing Form
  - Claim Status (0/0/0)
- 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**
  - How to File a Form
  - About Accessibility and 508 Compliance

**Main Content Area:**

**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 COMMERCE - Filter by State -

Agency-Group: NOAA

Agency: NATIONAL OCEANIC & ATMOSPHERIC ADMINISTRATION

Duty station: National Marine Fisheries Service (NMFS) - C/O MC

National Marine Fisheries Service (NMFS)  
NMFS - C/O MCA (P.O. BOX 30640)  
BETHESDA, MD 20824

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

- 1 Claim benefits using either form **CA-1 (for Traumatic Injury)** or form **CA-2 (for Occupational Disease)**. Pending review of your claim, you may receive a FECA Case Number.
- 2 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 **CA-1, CA-2, CA-3, CA-6, CA-7, CA-7a** and **CA-16** through ECOMP.

**File a CA-1 or CA-2** **File a CA-7**

A blue arrow points to the "File a CA-1 or CA-2" button.

The following screen appears. Click on “File a CA-1 or CA-2.”

The screenshot shows a web browser window with the URL [https://www.ecomp.dol.gov/#Claim\\_Intro](https://www.ecomp.dol.gov/#Claim_Intro). The page header includes the ECOMP logo and navigation links for ECOMP Home, Employee Dashboard, and File a Form. The user is signed in as Marv Fisher. The main content area is titled "About Forms CA-1 and CA-2" and contains 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 CA-2" is located at the bottom right of the main content area, with a blue arrow pointing to it.

Determine which is the proper form to use to file a claim for your injury and click on the appropriate button. In this example, we will choose "Select CA-1 & Continue."

The screenshot shows a web browser window with the URL [https://www.ecomp.dol.gov/#Select\\_Chain\\_Form](https://www.ecomp.dol.gov/#Select_Chain_Form). The page header includes the ECOMP logo and navigation links for ECOMP Home, Employee Dashboard, and File a Form. The user is signed in as Marv Fisher. The main content area is titled "Select CA-1 or CA-2" and contains a yellow informational box stating: "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." Below this, the user is prompted to "Select the appropriate form:" and presented with two options: "CA-1 - Federal Employee's Notice of Traumatic Injury & Claim for Continuation of Pay/Compensation" (For Traumatic Injury) and "CA-2 - Notice of Occupational Disease and Claim for Compensation" (For Illness). Each option includes a brief description and examples. At the bottom of each option is a green button labeled "Select CA-1 & Continue" and "Select CA-2 & Continue" respectively. A large blue arrow points to the "Select CA-1 & Continue" button.

The following screen appears requesting personal information.

The screenshot shows a web browser window with the URL [https://www.ecomp.dol.gov/#CA\\_1](https://www.ecomp.dol.gov/#CA_1). The page title is "ECOMP Claim for a Traumatic Injury (CA-1)". The form is titled "Step 1A Employee Basics" and has a "Continue" button. A navigation menu on the left lists steps: A) Employee Basics (selected), B) Description of Injury, C) Witness Statement, D) Attachments, and E) Review. Below the menu are sections for "Actions" (Save Progress for Later, Cancel This Form) and "Help" (DOL's Privacy Policy). The main form area contains the following fields:

- 1 Employee name (first, middle, last): Mary L Fisher
- 2 Social security number: XXX-XX-XXXX Confirm SSN: XXX-XX-XXXX
- 3 Date of birth: MM/DD/YYYY
- 4 Sex:  Male  Female
- 5 Home telephone: (XXX) XXX-XXXX  International
- 6 Grade as of Date of Injury: Grade Step
- 7 Home mailing address: Example: 123 Pleasant Lane, apt. A  Non-US address  
City: Example: Fairview State: Zip code:
- 8 Dependents:  Wife, Husband  Children under 18 years  Other  None

Who should review this form?  
Immediate supervisor's email: john.adams@noaa.gov

All of the fields except “Grade” and “Step” are required. You will receive an error message if the required fields are not completed. *Please note that it is important to check that your name and mailing address are in upper/lowercase and are punctuated correctly. This information establishes your permanent record at the Department of Labor.*

If you are an employee covered by the Commerce Alternative Personnel System (CAPS), type the number (not Roman numeral) of your grade (i.e., “4” instead of “IV”) and the number of your interval as the step. If you do not know your interval, you can leave the step field blank.

**\*\*Under Who should review this form?\***

Please make sure that you have provided your supervisor’s correct email address, particularly when it could be a common name. Please make sure that you include the dots (periods) in the email. For instance, the correct email address is [jane.smith@noaa.gov](mailto:jane.smith@noaa.gov) not [janesmith@noaa.gov](mailto:janesmith@noaa.gov). Please ensure that you include your supervisor’s middle initial in the email address if that is how it is listed in the NOAA Staff Directory: <https://nsd.rdc.noaa.gov/>.

If you believe you have made an error or need to change supervisors once your CA-1/CA-2 has been submitted, please send an email to [DOCWClaims@managedcareadvisors.com](mailto:DOCWClaims@managedcareadvisors.com) with the name and email of the new supervisor to whom you want to re-route the form.

Click on “Continue” once all of the required fields have been completed and the “Continue” button turns green.

The screenshot shows a web browser window with the URL [https://www.ecomp.dol.gov/#CA\\_1](https://www.ecomp.dol.gov/#CA_1). The page title is "Step 1A Employee Basics". A red "Continue" button is visible in the top right corner. The main content area contains the following fields and instructions:

- Welcome to CA-1. The steps in this form are listed in the navigator at left. Unless otherwise noted, you must complete all fields. Start by filling out your basic information below.**
- Social security number - Both fields are required.**
- The following 7 fields are required: Date of birth, Sex, Home telephone, Home mailing address street, Home mailing address city, Home mailing address state, Home mailing address zip**
- 1 Employee name (first, middle, last):** Mary L Fisher
- 2 Social security number:** XXX-XX-XXXX Confirm SSN XXX-XX-XXXX
- 3 Date of birth:** MM/DD/YYYY
- 4 Sex:** Male Female
- 5 Home telephone:** (XXX) XXX-XXXX International
- 6 Grade as of Date of Injury:** Grade Step
- 7 Home mailing address:** Example: 123 Pleasant Lane, apt. A Non-US address City: Example: Fairview State: Zip code:
- 8 Dependents:** Wife, Husband Children under 18 years Other None
- Who should review this form?:** Immediate supervisor's email john.adams@noaa.gov

The following screen appears requesting the details of the injury. All of these fields are required except for the second line under "9 Place where injury occurred." The "Address," "City," and "State" are also not required, but the Zip code IS required.

The screenshot shows a web browser window with the URL <https://www.ecomp.dol.gov/#claimantCa1DescriptionOfInjury>. The page title is "ECOMP Claim for a Traumatic Injury (CA-1)". The form is titled "ECOMP Claim for a Traumatic Injury (CA-1)" and is currently in "Draft" status. The current step is "Step 1B: Description of Injury".

The form includes a sidebar on the left with the following sections:

- 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
- Help**
  - DOL's Privacy Policy

The main form area contains the following fields:

- 9 Place where injury occurred:** A text input field with a placeholder "Example: 2nd floor".
- Address:** A text input field with a placeholder "Example: 123 Pleasant Lane, apt. A" and a checkbox for "Non-US address".
- City:** A text input field with a placeholder "Example: Fairview".
- State:** A dropdown menu.
- Zip code:** A text input field.
- 10 Date injury occurred:** A date input field with a calendar icon and a "Time" input field.
- 11 Date of this notice:** A text input field with a placeholder "If you submit this form today, it will be filed on 10/22/2014".
- 12 Employee's occupation:** A text input field with a placeholder "Example: Mine operator, Train Engineer, Accountant, etc.".
- 13 Cause of injury:** A text input field with a placeholder "Describe what happened and why" and a help icon.
- 14 Nature of the injury:** A text input field with a placeholder "Identify both the injury and the part of the body. Example: fracture of left leg" and a help icon.

Navigation buttons "Back" and "Continue" are located at the top right and bottom right of the form area.

On Line 10 “Date injury occurred”, the “Time” section can be tricky. You must first click on the clock to the right of the box in order for the time drop-down menu to appear. Make sure you select “AM” or “PM” before selecting “Continue.”

The screenshot shows the ECOMP Claim for a Traumatic Injury (CA-1) form, Step 1B: Description of Injury. The form is titled "ECOMP Claim for a Traumatic Injury (CA-1)" and has a draft status. The form is divided into several sections:

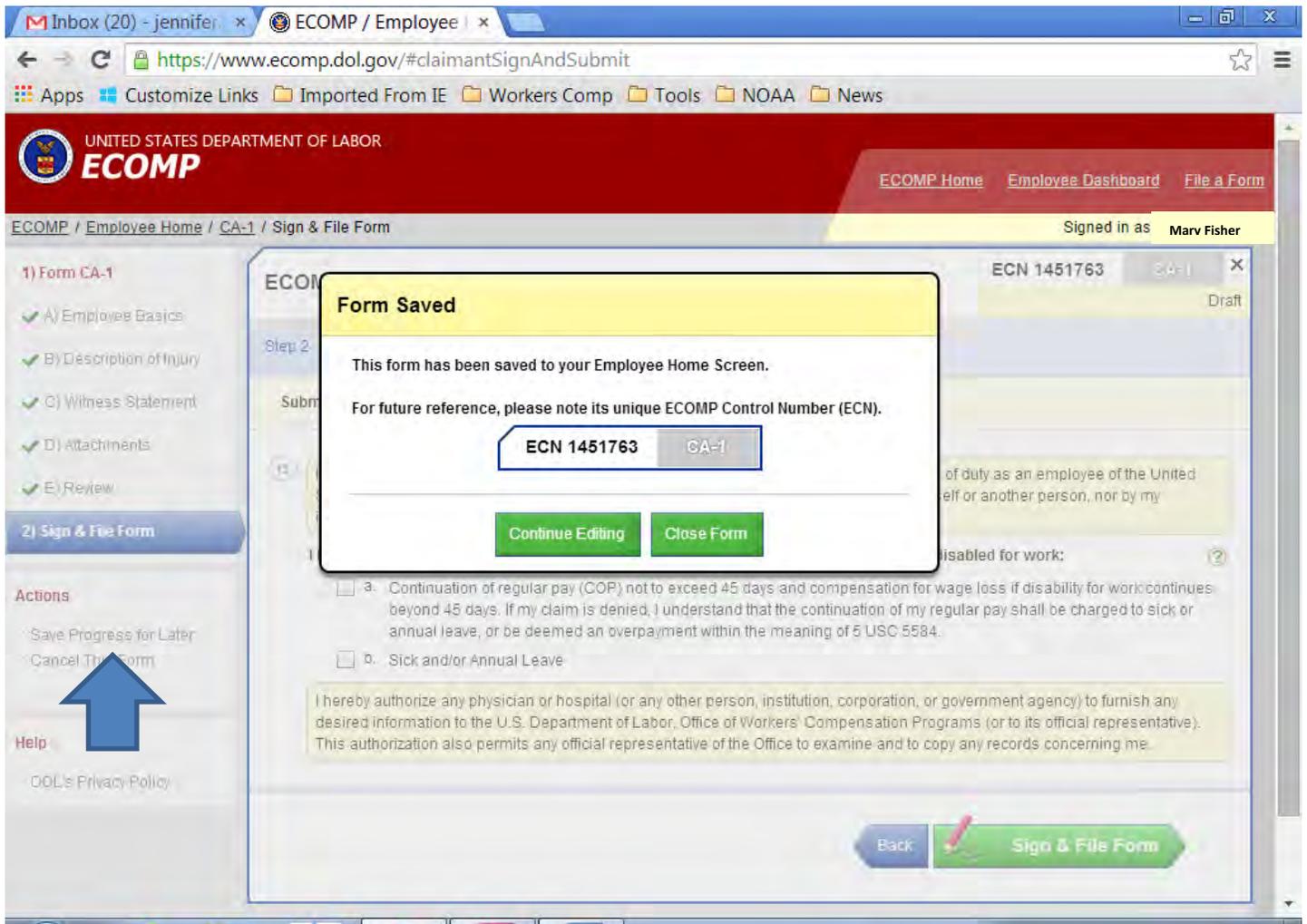
- 1) Form CA-1**
  - A) Employee Basics
  - B) Description of Injury**
  - C) Witness Statement
  - D) Attachments
  - E) Review
- 2) Sign & File Form**
- Actions**
  - Save Progress for Later
  - Cancel This Form
- Help**
  - DOL's Privacy Policy

The main form fields are:

- 9) Place where injury occurred:** NOAA WFMO, 12th Floor Large Conference Room (Rm. 12153), Address: 1305 East-West Highway, City: Silver Spring, State: MD - Maryland, Zip code: 20910.
- 10) Date injury occurred:** 10/21/2014, Time: 11:00 am. A blue arrow points to the clock icon next to the time field, labeled "Clock".
- 11) Date of this notice:** If you submit this form today, it will be [blank] hours and [blank] minutes.
- 12) Employee's occupation:** Human Resources Specialist. A blue arrow points to the AM/PM dropdown menu, which is currently set to AM.
- 13) Cause of injury:** Roy ran over my foot with his chair after our morning meeting.
- 14) Nature of the injury:** Right foot smashed by chair wheel; was wearing flats at the time.

At the bottom of the form, there are "Back" and "Continue" buttons. A large blue arrow points to the "Continue" button.

At any time, you can select “Save Progress for Later” on the left side of the ECOMP screen. Doing so brings up the following pop-up window.



After hitting "Continue" on the previous screen ([see Page 13](#)), you will see the Witness Statement Screen.

If someone witnessed your injury, please provide as much information as possible about that person. If there was no witness, you can leave this section blank and select "Continue."

The screenshot shows a web browser window with the URL <https://www.ecomp.dol.gov/#claimantCa1WitnessStatement>. The page header includes the ECOMP logo and navigation links: [ECOMP Home](#), [Employee Dashboard](#), and [File a Form](#). The user is signed in as **Marv Fisher** and can [Sign Out](#) or view their [Account](#). The breadcrumb trail is [ECOMP](#) / [Employee Home](#) / [CA-1](#) / [Witness Statement](#).

The main content area is titled "ECOMP Claim for a Traumatic Injury (CA-1)" and shows "Step 1C: Witness Statement". A "New Form" button is visible with a "CA-1" dropdown and a "Draft" status. The step is marked as optional with a star icon. The instructions state: "If you have a statement from a witness who was present at the time of the event, you can upload that statement in the next step. Enter the witness information here. If you do not have a witness statement, you can skip this step." The form fields are: Name of Witness (Roy, Middle name: Thomas), Address (67 Poplar Lane, Non-US address checkbox), City (Rockville), State (MD - Maryland), and Zip code (20850). The Date of Witness Statement is 10/21/2014. Navigation buttons for "Back" and "Continue" are present at the top and bottom of the form area.

**1) Form CA-1**

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

**2) Sign & File Form**

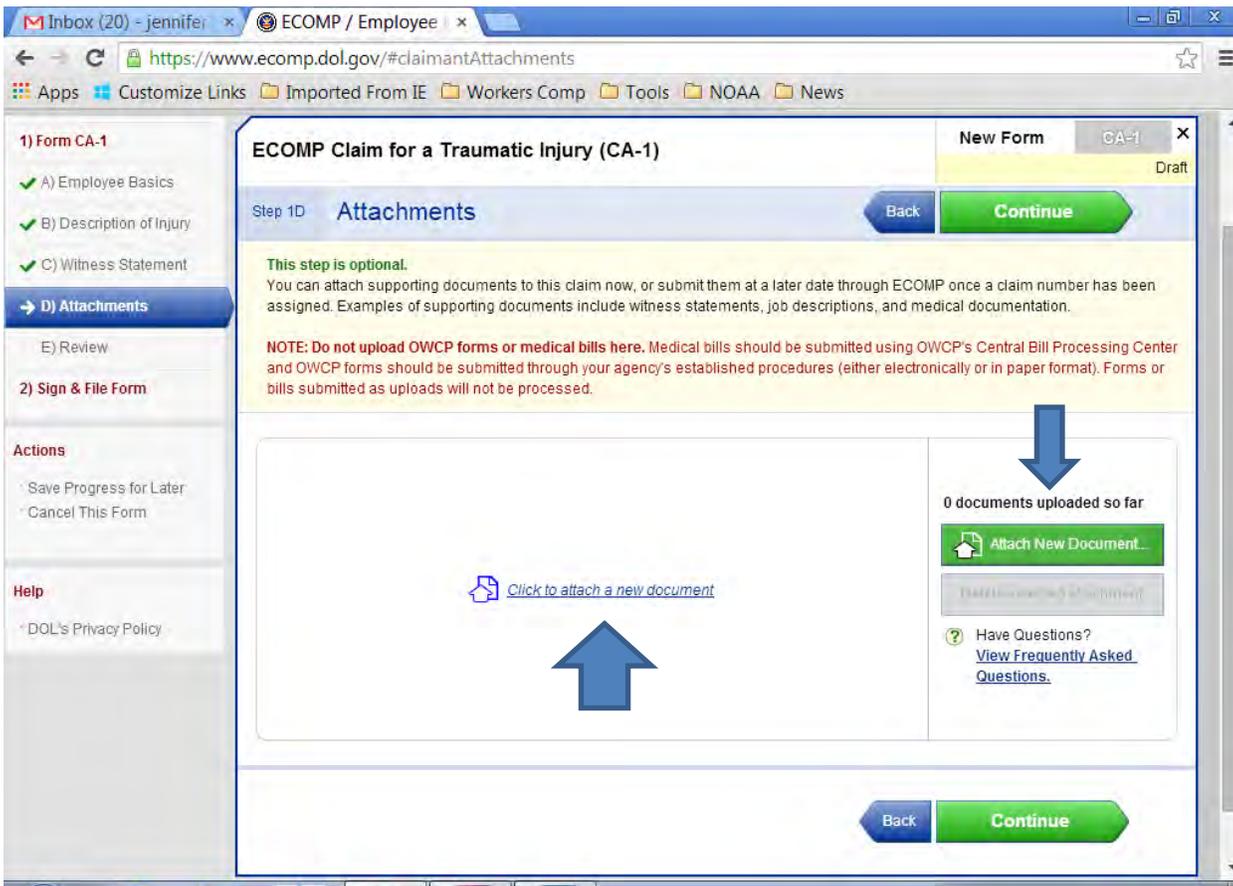
**Actions**

- Save Progress for Later
- Cancel This Form

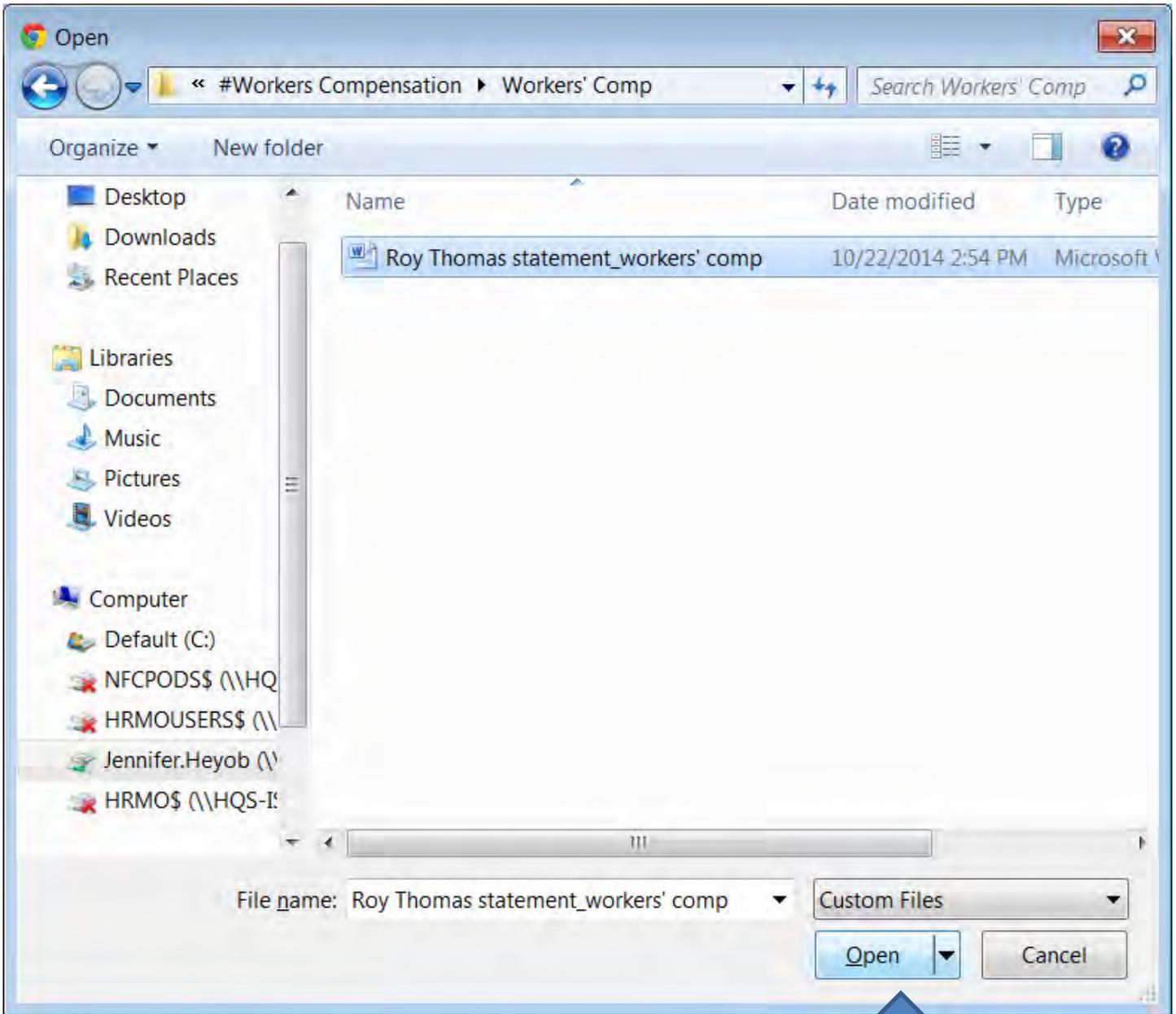
**Help**

- DOL's Privacy Policy

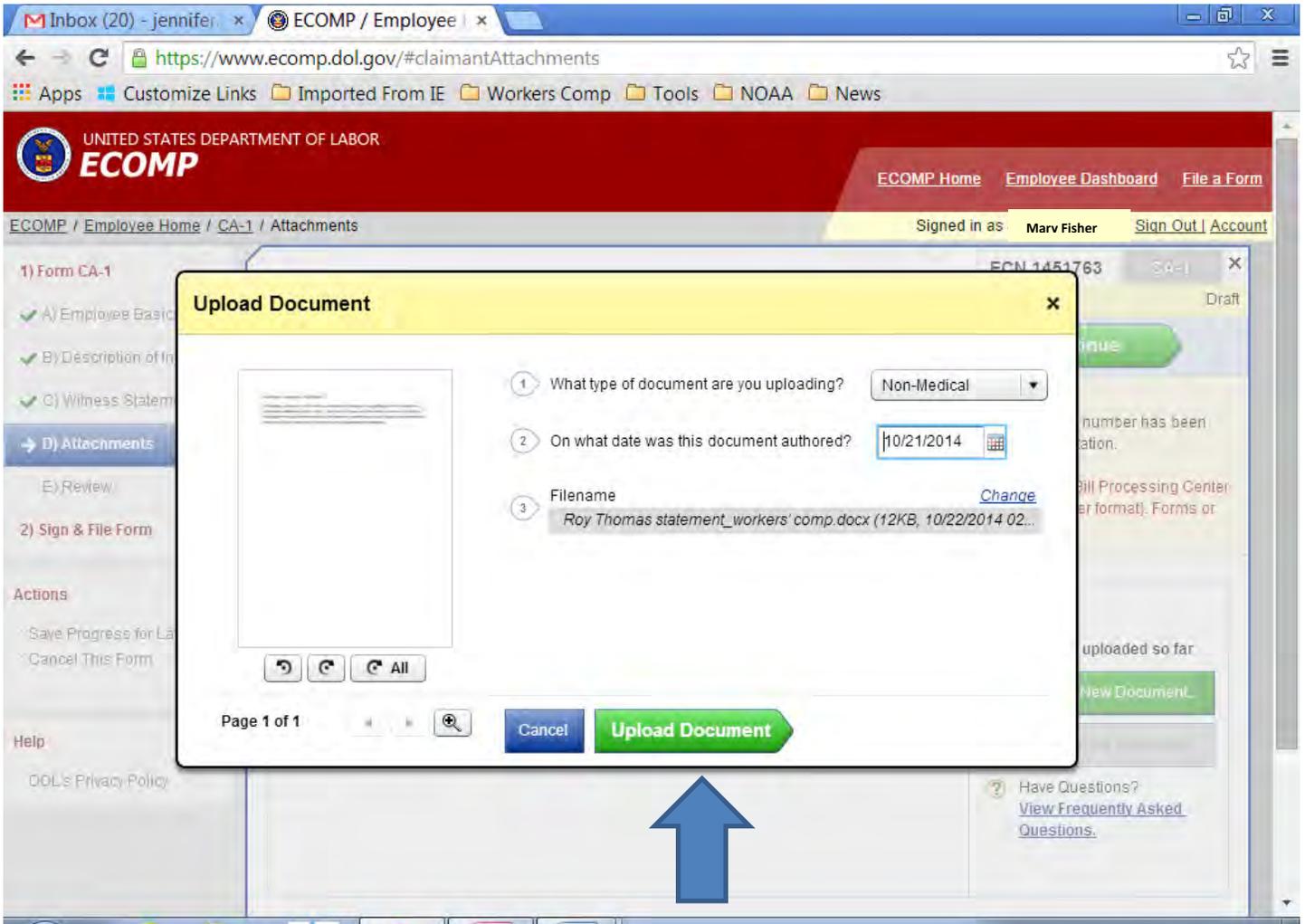
If you have any medical information or a witness statement that you would like to add to your claim, select “Attach New Document.” You do not have to attach any documents and can simply hit “Continue” here if appropriate.



If you select “Attach New Document,” the document folders on your computer will open. Find and select the document(s) you would like to attach and hit “Open.”



The following screen appears requesting information on the type of document you are uploading (Medical or Non-Medical) and the day the document was authored. Select "Upload Document" when you are done.



The next screen allows you to review the information you just added to your CA-1. If it is correct, select "Continue." If it is not correct, you can edit it by selecting "Go to Field" when you hover over each line item. Correct the information and click "Back" to return to this screen and "Continue" to return to filing your form.

**Review this information carefully before continuing.**

Your Name	Mary L Fisher
Employee email	
Government organization	DEPARTMENT OF COMMERCE NATIONAL OCEANIC & ATMOSPHERIC ADMINISTRATION National Marine Fisheries Service – C/O MCA, Inc. Bethesda, MD 20824 John.adams@noaa.gov
Reviewer	
Social security number	
Date of birth / sex	Female
Home telephone	
Grade / step as of last injury	4 / 3
Home mailing address	
Dependents	None
Place where injury occurred	NOAA WFMO 12th Floor Large Conference Room (Rm. 12153)
Address where injury occurred	1305 East-West Highway Silver Spring MD 20910
Date injury occurred	10/21/2014 11:00 am <a href="#">Go to Field</a>
Date of this notice	<input type="text"/>
Employee's occupation	Human Resources Specialist
Cause of injury	Roy ran over my foot with his chair after our morning meeting.
Nature of the injury	Right foot smashed by chair wheel; was wearing flats at the time

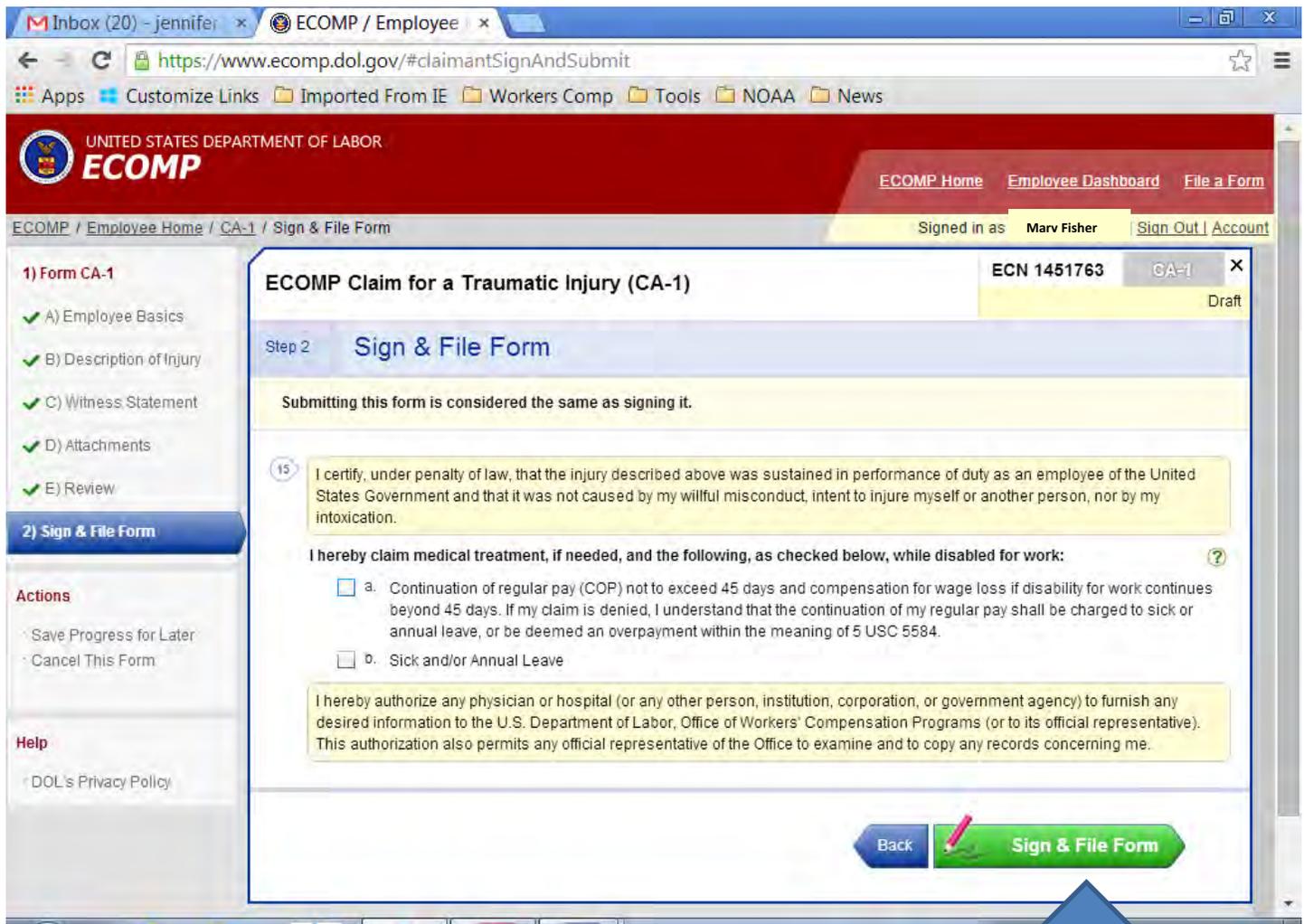
Witness Name: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

The next screen is the final process before forwarding the CA-1 to your supervisor.

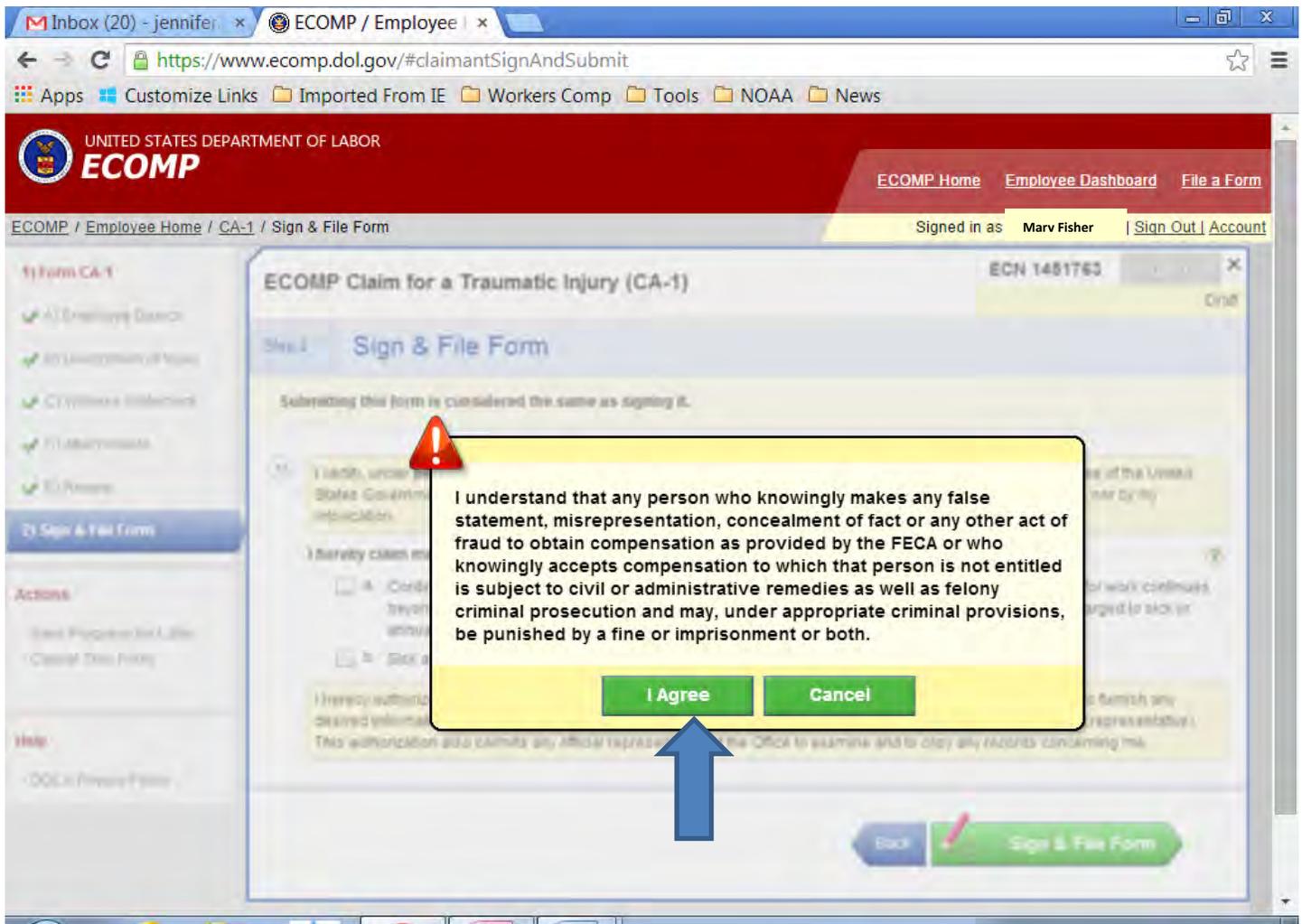
You can place a check in one or both of the options below (a. or b.) or leave both boxes blank if you do not anticipate being disabled for work. You can always change your mind later regarding the type of leave you use or if it is determined that you are, in fact, disabled for work. More information about Continuation of Pay (COP) can be found in Chapter 5 of the CA-810: <http://www.dol.gov/owcp/dfec/regs/compliance/DFECfolio/CA-810.pdf>.

**Questions about COP can be directed to NOAA’s workers’ compensation contractor, Managed Care Advisors, Inc. (MCA). MCA can be reached on 1-844-DOC-CLAIM (1-844-362-2524) or DOCWCClaims@managedcareadvisors.com**

Select “Sign & File Form” when you are ready to submit the CA-1 to your supervisor for the completion of his/her section of the form.



The following pop-up message appears. Review and click on "I Agree."



The following screen will appear showing that the form is pending review by your supervisor. Once your supervisor has completed his/her section of the form, you will receive a confirmation email to this effect. The form will then be forwarded to an Agency Reviewer who will then submit it to the Department of Labor via ECOMP. You should receive a claim number within 24 to 48 hours of the claim being submitted to the Department of Labor, sometimes even earlier.

The screenshot shows a web browser window with the URL [www.training.ecomp.dol.gov/?t=1374763558441#claimantCa1SubmissionSuccessful](http://www.training.ecomp.dol.gov/?t=1374763558441#claimantCa1SubmissionSuccessful). The page header includes the ECOMP logo and navigation links: [ECOMP Home](#), [Employee Dashboard](#), and [File a Form](#). The user is signed in as **Marv Fisher**. The main content area displays the following information:

**ECOMP Claim for a Traumatic Injury (CA-1)**      **ECN 105566**      CA-1      Pending review by Supervisor

**This form has been forwarded for review**

ECN 105566		CA-1		Pending review by Supervisor	
Employee	Mary Fisher	Date of event	10/21/2014	Initiated	10/22/2014
Organization					

Actions: [Form Locked](#) | [View](#) | [Get PDF](#) | [Upload Attachments](#) | [More](#)

- An email has been sent to your supervisor's email account at [john.adams@noaa.gov](mailto:john.adams@noaa.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.

When you sign in to ECOMP again, you will see your Employee Dashboard that lists all of the claims you have filed. You can use this screen to file CA-7s (if necessary) for any claim already initiated in ECOMP. This screen can also be used to file CA-7s for claims that were not initially filed via ECOMP.

**Additional questions about ECOMP or workers' compensation in general can be directed to NOAA's workers' compensation contractor, Managed Care Advisors, Inc. (MCA). MCA can be reached on 1-844-DOC-CLAIM (1-844-362-2524) or [DOCWCclaims@managedcareadvisors.com](mailto:DOCWCclaims@managedcareadvisors.com)**

The screenshot shows the ECOMP Employee Dashboard. The browser address bar is [www.training.ecomp.dol.gov/?t=1374763558441#Employee\\_Home](http://www.training.ecomp.dol.gov/?t=1374763558441#Employee_Home). The page title is "Employee Dashboard".

**Employee Dashboard**

You have 26 forms & claims

Each form you file will appear in this list and be assigned a unique ECOMP Control Number. Use the ECN to track the status of your ECOMP forms.

For FECA forms, the ECN will be replaced with a Case Number once the form has been submitted to OWCP. Reference the Case Number in all communications with OWCP regarding your case.

Buttons: [★ File an OSHA-301, CA-1 or CA-2](#), [File New CA-7 for a Case Not Listed](#)

ECN	Form Type	Status
ECN 105566	CA-1	Pending review by Supervisor
ECN 105563	OSHA-301	Pending review by Supervisor
ECN 105560	OSHA-301	Pending review by Supervisor
Case 252120605	ECN 105559 CA-7	Draft

Employee: **Mary Fisher**  
 Organization: 9141-ZW NATIONAL OCEANIC & ATMOSPHERIC ...  
 Date of event: 07/24/2013  
 Initiated: 08/02/2013

Buttons: [Form Locked](#), [View](#), [Get PDF](#), [Upload Attachments](#), [More...](#)

Helpful messages:

- A claim has been filed from this form.
- You can file a [claim for injury or illness](#) with this form.
- You haven't submitted this

Left sidebar menu:

- Employee Dashboard
  - File New Form
  - Existing Form
  - Upload Document to an Existing Case
  - Claim Status (DOC)
- 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