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Services



WORKERS' COMPENSATION PROCEDURES

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Certified by: HQ USAF/SVX
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This manual implements Air Force Instruction (AFI) 34-308, *Nonappropriated Fund Workers' Compensation Program*. It provides information in a "User Guide" format to supervisors of Nonappropriated Fund (NAF) employees, Human Resources Offices (HRO), and NAF Accounting Offices (AO) on implementing the workers' compensation program for injured NAF employees covered by the Longshore and Harbor Workers' Compensation Act (LHWCA). It is based on the Longshore and Harbor Workers' Compensation Act (LHWCA) (33 U.S.C. 901 and following), as extended by the Nonappropriated Fund Instrumentalities Act (5 U.S.C. 8171-8173). This manual does not apply to Army and Air Force Exchange Service (AAFES), and Air National Guard units and members. This manual directs collecting and maintaining information subject to the Privacy Act of 1974 authorized by 33 U.S.C. 901, and 5 U.S.C. 8171-8173. System of records notice F176 AF MP B, NAF Insurance and Employee Benefit System File, applies.

Section A—Claims Administration

1. Claims Development. Base-level activities provide initial claims development and process benefits during the first six weeks following the date of an employee's injury. Further claims development, benefit processing, claims resolution, and reimbursement of expenses paid by bases is completed by Headquarters, Air Force Services Agency, Workers' Compensation Branch, (HQ AFSVA/SVXBW), 10100 Reunion Place, Suite 502, San Antonio, Texas 78216-4138.

2. Program Applicability:

2.1. This program applies to a civilian employee who is:

- A United States citizen or a permanent resident of the United States or territory or possession of the United States, employed outside the continental United States (CONUS), or
- Employed inside the CONUS and whose
- Injury or disease arises out of, and in the course of employment.

2.2. Persons not covered: contract workers, volunteers, off-duty military personnel, and those whose injuries or illnesses are caused by substance abuse or a willful intent to injure or kill themselves or others.

2.3. Employees who are not citizens or permanent residents of the United States, but who are employed outside the United States are provided benefits

- Under applicable local law, treaty, custom, or agreement, and
- Through locally procured commercial insurance or the country's local government
- Administration of such coverage is prescribed by arrangements made between the appropriate major command and the foreign country's government agency responsible for workers' compensation. The only country whose nationals are provided coverage by HQ AFSVA/SVXBW is the Republic of Korea.

3. Disability Benefits. The disability benefits due an employee injured in a job-related accident or illness may include:

3.1. Temporary Total Disability (TTD) benefits paid during the time an employee is unable to perform any work due to injury or sickness.

- The benefit is 66 2/3 of the average weekly wage (AWW), with minimum and maximum amounts. The benefit is paid every 2 weeks with the payment due 14 days after the employer is notified of the injury.
- HQ AFSVA/SVXBW annually publishes the new minimum and maximum rates effective each 1 October based on United States Department of Labor (DOL) announcement.
- The benefit is not payable for the first 3 calendar days of disability unless the period of disability exceeds 14 days. In that event, the first 3 days are paid retroactively.
- Reference [Attachment 4](#) for an example of AWW, benefit calculation and timing of payment.

3.2. Temporary Partial Disability (TPD) benefits paid during a period an employee may do some work following an injury, but the employee's earnings are reduced due to temporary limitations resulting from the injury.

- The benefit is paid at the rate of 66 2/3 percent of the difference between the employee's AWW at the time of injury and his or her wage earnings after the injury.
- The benefit is payable during the healing period until the injured worker returns to work earning at least the pre-injury AWW.

3.3. TTD and TPD may be supplemented from available sick leave or annual leave so that the employee's combined income from the disability benefit and the leave payment equals but does not exceed 100 percent of an employee's wage at the time of injury. An employee may initiate this action by completing and submitting a Standard Form(SF) 71, **Application for Leave**, to his or her supervisor.

3.4. Permanent disability benefits, either partial or total, and death benefits are paid by HQ AFSVA/SVXBW on its own direction or on an order from the DOL.

3.5. Reasonable medical, surgical, and other attendance or treatment expenses are payable for the period that the nature of the injury or the process of recovery requires.

- Supervisors will authorize initial medical treatment to an employee reporting a job-related injury or illness who requests care.
 - Travel expenses incurred by an employee for medical treatment are reimbursable at the General Service Agency automobile mileage rate.
- 3.6. An injured employee may only obtain authorized medical care from one of these:
- Their first choice of physician
 - Another physician to whom the authorized treating physician refers the employee
 - Another physician specifically authorized in writing by the DOL or HQ AFSVA/SVXBW

Section B—Responsibilities

4. Supervisor:

- 4.1. Brief employees on procedures they must follow in reporting work-related injuries and illnesses.
- 4.2. Post and maintain Form LS-242, **Notice to Employees**, in customary bulletin board areas.
- 4.3. On an employee's request for medical care due to an injury, complete items 1 through 13 of Form LS-1, **Request for Examination and/or Treatment**, and give that form and a Form LS-555, **Privacy Act of 1974 Notice**, to the employee. Do not give more than one Form LS-1 to an employee or a medical service provider for any single injury. If the claim is questionable, check item 7b. Reference **Table 1** for guidelines on form submission.

Table 1. Instructions for Submitting Workers' Compensation Forms.

	A	B	C	D
I T E M	Form (Reference Attachment #3 for DOL office address)	Prepared by	Given to (see Note)	Time frame
1	Form LS-1 (Original and copy)	the supervisor or manager (Part A only).	the injured employee before medical treatment. In an emergency situation, directly to the medical treatment facility or physician.	at the time of injury or as soon as HRO or employer are informed of injury
2	Form LS-555, Privacy Act of 1974 Notice	(the supervisor gives the notice form.)	the injured employee.	
3	Form LS-201, Notice of Employee's Injury or Death	the injured employee or survivor	HRO, for distribution	
4	AF Form 786, Patient's Authorization for Release of Medical Information	the injured Employee; obtained from supervisor	HRO, for distribution	within 5 calendar days of the accident.
5	Form LS-202, Employer's First Report of Injury or Occupational Illness	the supervisor or manager.	HRO, for distribution	ASAP after knowledge of injury; no later than 10 days from the date of knowledge of such injury.
6	Form LS-210, Employer's Supplementary Report of Accident or Occupational Illness	the supervisor.	HRO, for distribution	"promptly" (within 24 hours) after an employee returns to work on a date not shown on the Form LS 202 or begins losing time from work again

	A	B	C	D
I T E M	Form (Reference Attachment #3 for DOL office address)	Prepared by	Given to (see Note)	Time frame
7	AF Form 784, USAF NAF Workers' Compensation Record	the HRO	the NAF AO who completes the form as it makes payment(s) during the 6 weeks following the injury.	if disability is involved, submit to the NAF AO within 10 days the employer had knowledge of the injury to commence payment; forward the completed document to HQ AFSVA/SVXBW promptly at the end of 6 weeks for reimbursement
8	Form LS-206, Payment of Compensation Without Award	the office making initial compensation payment	HRO, for distribution	on the first payment of compensation
9	Form LS-208, Notice of Final Payment or Suspension of Compensation Payments	the NAF AO or HQ AFSVA/SVXBW, whichever was paying compensation	HRO for Distribution	within 16 days of the last payment of compensation
10	Form LS-207, Notice of Controversion of Right to Compensation	HQ AFSVA/SVXBW or SJA	the appropriate district director	within 14 days of injury or knowledge of injury if claim is being denied without payment or 14 days from the date of last payment
11	Form LS-222, Carrier's or Self-Insurer's Report on Rehabilitation to District Director	HQ AFSVA/SVXBW within the 50 states and the District of Columbia.	the appropriate district director	after any continuous period of disability of 60 days or more.
		the base HRO in all overseas areas.	the appropriate district director and HQ AFSVA/SVXBW	after any continuous period of disability of 60 days or more.
12	Form LS-242,	the HRO	permanently post this form in all facilities where nonappropriated fund personnel are employed.	

	A	B	C	D
I T E M	Form (Reference Attachment #3 for DOL office address)	Prepared by	Given to (see Note)	Time frame
13	Form LS-204, Attending Physician's Supplementary Report	the attending physician, on request, for additional medical information.	HRO, for distribution	as needed to confirm the employee's status
14	DL OWCP 5, Work Restriction Evaluation	the treating physician, on request of the HRO	HQ AFSVA/SVXBW	6 weeks post-injury, if the employee is still disabled.
15	AF Form 272, NAF Supervisor's Report	the supervisor.	the HRO forward to HQ AFSVA/SVXBW	when the HRO refers the file to HQ AFSVA/SVXBW
16	Form LS-200, Report of Earnings	HQ AFSVA/SVXBW	employee in receipt of long term disability (LTD) benefits	as the claims examiner deem needed; no more than every 6 months

NOTE:

On receipt of completed form, HRO follows distribution; LS Forms: original to DOL, copy to HQ AFSVA/SVXBW. AF Forms, only to HQ AFSVA/SVXBW.

4.4. Select the nearest medical treatment facility if the employee can't make the choice because of the nature of the injury or illness.

4.5. In the event the injury or illness is seriously disabling, and in the case of an employee's death, contact the HRO so prompt notification of next of kin can be done.

4.6. Provide the injured employee with:

- Form LS-201 at an employee's or family member's request.
- AF Form 786. The employee completes, signs, and returns the form to the supervisor.
- Form LS-204 for each authorized follow-up medical visit. Disability status must be verified by the authorized treating physician.
- SF 71 if the employee elects to supplement compensation benefits with earned sick or annual leave.

4.7. Instruct the employee to submit to the HRO all itemized medical billings for payment as well as completed Form LS-204, which certifies the employee's disability.

4.8. Complete Form LS-202 within 24 hours of notice of an injury resulting in disability greater than loss of time on the next shift or continued medical care.

4.9. Arrange for light-duty work consistent with the treating physician's release to duty.

- Don't deny the employee a placement except for the most compelling reasons.

- Document by memo why you denied placement of a medically-approved, limited duty employee to the HRO.
 - HRO immediately transmits this information to HQ AFSVA/SVXBW.
- 4.10. Request, through the HRO, that the servicing Staff Judge Advocate (SJA) review the case and notify HQ AFSVA/SVXBW as soon as there's reason to doubt that an employee is entitled to benefits.
- 4.11. Complete Form LS-210 when the employee returns to work, and completes a new Form LS-210 whenever the employee's status changes and submits the form to the HRO.
- 4.12. Complete AF Form 272 if the employee remains disabled 6 weeks after injury.
- 4.13. Promptly submit all forms received from the employee and those that the supervisor fills in to the HRO. Inform that office of any change in the employee's status and use the HRO to maintain close contact with an employee who is losing time from work.
- 4.14. Set up within the activity a group consisting of representatives of employees, management, and base safety whose goal is to identify unsafe conditions, structures, or practices in the activity by group inspection of the premises every 3 weeks. Any problem identified by the group as unsafe will be corrected or removed within 24 hours of such designation.

5. HRO:

- 5.1. Establish a file and suspense on each injury that requires medical care or results in more than one shift of lost time (these are reportable injuries). Record all reportable injuries. Other injuries may be recorded by log with sufficient information to later complete an employer's report should injury circumstances change.
- 5.2. Assign a case identification number to each reportable injury consisting of an 11-digit number code as follows:
- The first digit identifies this self-insured program and is always "1"
 - The next two digits adopt the fiscal year in which the accident occurred
 - The fourth through sixth digits are the base code (see [Attachment 2](#))
 - Digits seven and eight report the NAFI involved: 51, MWR Fund; 60, Base Restaurant; and 70, Lodging
 - The last three digits are based on the next sequential number in the running total of report injuries for the base NAFI in the current fiscal year
- 5.3. Complete AF Form 784 on receipt of medical certification that disability exceeds 3 days, and submit that record to the NAF Accounting Office (NAF AO) for benefit processing no later than 10 days following the first day the employee began losing time. Provide HQ AFSVA/SVXBW with additional AF Forms 784, as medical reports are received through 6 weeks following the date of injury. Contact the NAF AO to suspend compensation payments on information or receipt of Form LS-210 showing the employee's return to employment. Reference [Table 1](#). for time guidelines on report submission.
- 5.4. Submit to the NAF AO, with the AF Form 784, itemized medical bills from the physician from whom the employee is authorized by the supervisor to receive treatment, as they are received.

5.5. Submit LS forms developed by the supervisor and employee on completion and medical reports to appropriate United States DOL offices in all cases in which the employee's injury results in lost time from work beyond the next shift following the injury.

5.6. Provide HQ AFSVA/SVXBW with copies of medical reports and LS and Air Force report forms as they are received on cases required to be reported in paragraph 1.5.1, and in medical treatment only cases in which payment has been made. Retain all other injury reports locally.

5.7. Help the supervisor keep in touch with the employee through periodic phone calls.

5.8. At CONUS bases, telefax the medical reports and other applicable information to HQ AFSVA/SVXBW when an employee's disability continues for more than 6 weeks, . At this time, the HRO stops processing benefits and medical expense payments through the NAF AO and forwards all current/future documentation to HQ AFSVA/SVXBW. This communicate requirement is intended to prevent gaps in the disabled employee's income.

5.9. Coordinate activity on lost-time cases with the assigned HQ AFSVA/SVXBW claims examiner. Coordinate payment of compensation and medical expenses with the NAF AO until case jurisdiction transfers.

5.10. At overseas bases in which the local NAF AO continues to make payments, provide HQ AFSVA/SVXBW, at 6-week intervals, a summary of the claim's status, including copies of AF 272, and AF Form 1701, **NAF Employment Application**, medical reports, itemized medical bills, and documentation of payments from the NAF AO, and AF Form 784.

5.11. Contact the assigned HQ AFSVA/SVXBW claims examiner by phone in any of the following situations:

- On any file in which TTD benefits are not being paid to an employee who makes a claim and is not working, for any reason other than the SJA has filed an Form LS-207.
- On forwarding a file for HQ AFSVA/SVXBW's further adjudication because an employee continues to lose time from work or begins to lose time after the 6-week file transfer date.
- On receiving information that an employee in receipt of benefits from HQ AFSVA/SVXBW has returned to work.
- On receiving information that the DOL has scheduled an informal conference or formal hearing on a claim.
- On the death of a NAF employee when the cause of death is reported as due to injury or sickness on the job, or on the death of an employee receiving workers' compensation.

5.12. Request the servicing local SJA review claims files for material facts which, if proved, would bar compensation. Only the local SJA or HQ AFSVA/SVXBW may controvert a claim.

5.13. Obtain a statement of physical activity from the employee's supervisor which will accommodate reemployment on limited duty, using AF Form 272. Present that information to the treating physician (with a copy of the AF Form 272 to the employee) with a request to consider the employee's physical capacity to return to such duty, enclosing OWCP5, **Work Restriction Evaluation**.

5.14. Review a supervisor's decision declining to offer light duty when an employee is released by a treating physician to limited duty. Analyze the job to determine if changing some job duties facilitates return to employment status. If accommodation in the activity in which the employee was injured cannot be made, review the employee's qualifications for other work in the Services squadron.

5.15. Arrange an in-house medical review for employees returning to work from medical disability status if prescribed by local authority. Accept the treating physician's release to light duty where the physician has been duly appraised by the HRO or HQ AFSVA/SVXBW of the physical requirements of the limited duty position and the supervisor acknowledges accommodation will be made.

5.16. Implement prehire procedures to identify relevant physical ability and working condition information.

5.16.1. Along with other job application forms, have applicant complete an AF Form 243, **Statement of Physical Ability - NAF**.

5.16.2. Refer the following to the base medical treatment facility or a contract medical practitioner for physical examination prior to appointment action.

- Selectees for positions involving physical ability greater than light work (**Attachment 5**, Physical Ability Ratings).
- Selectee who provides affirmative responses to AF Form 243, Section A, items 7 through 11.

5.16.3. Provide the AF Form 243, which was completed by the candidate, and SF 78, **Certificate of Medical Examination**, with Part B completed by the appointing officer, to the examining physician and asks the medical reviewer to complete, based on medical examination, the SF 78 and SF 93, **Report of Medical History**.

5.17. In the event disaster occurs, resulting in cataclysmic loss to employees while in the course of employment so as to prevent normal procedure, a representative of the HRO provides HQ AFSVA/SVXBW by telephone or fax with information to identify injured employees, treating medical personnel, and the present location of the injured employees.

- HQ AFSVA/SVXBW will arrange for contract medical management specialists to locate the injured employees and treating physicians to obtain requisite information to commence compensation/medical benefits.
- Copies of actions taken by HQ AFSVA/SVXBW during this time will be submitted to the base HRO on establishment of a chain of command.

6. NAF AOs:

6.1. Establish a working file and suspense system to ensure timely payments upon receiving AF Form 784 from the HRO. Pay compensation within 14 days of the date it becomes due and every 14 days thereafter during the period of disability or until the file is transferred to HQ AFSVA/SVXBW. Pay medical expenses within 21 days of receipt of an itemized bill and report of service. Record the expense or receivable according to AFMAN 34-214, *Procedures for NAF Financial Management and Accounting*.

- Bills for in-patient hospital care or surgery should be submitted to HQ AFSVA/SVXBW immediately by datafax or overnight mail for review.

6.2. Determine the injured AWW on receiving medical certification that the employee is disabled. The AWW is 1/52 of an employee's annual earnings including tips and gratuities and other employment for the year before the accident.

- For an employee who has worked in the same employment substantially the whole year (minimum of 41 weeks) before the injury, the AWW may be obtained by dividing the earnings by the number of weeks worked in the preceding 52 weeks.
- For an employee who has worked substantially less than the whole year, the AWW may be based on the hourly rate of pay times the weekly hours. Where work hours are not guaranteed, the AWW is based on the wages of an employee in the same classification, in similar employment, who has worked substantially the whole of the year. Compute the AWW as above.
- In either case, if the employee has wages from other employment in the preceding 52 weeks, these are added to the wages earned in the covered employment and the total earnings obtained divided by the number of weeks worked to obtain the AWW. If this computation is used, the hourly rate method above is not involved.
- Obtain compensation amounts from the SJA for nationals covered in foreign countries.
- Preserve a record of the wages used in computing the AWW and submit it to HQ AFSVA/SVBXW on file transfer.

6.3. Using the computed AWW, pay the temporary total disability benefits based on the rate schedule published annually by HQ AFSVA/SVXBW. (See Paragraph 1.3 above.)

- Compensation is paid for only those days medically confirmed as lost time due to disability. For example, an employee whose regularly scheduled week begins on Wednesday is released by a treating physician to work as of a Monday. Benefits are paid through the Sunday, although the employee does not return to work until the next scheduled work day.

6.4. Prepare Form LS-206 on the first payment of compensation. Do not prepare this report if payment is a one time payment. Prepare Form LS-208 when compensation is stopped or suspended for any reason other than transferring the case to HQ AFSVA/SVXBW. Submit these documents to the HRO for distribution. Reference **Table 1.** for timelines on these and other forms.

6.5. Submit a copy of the AF Form 784, evidence of other wages, and copies of checks paying benefits and medical bills to HQ AFSVA/SVXBW 6 weeks after the date of the employee's injury.

- NAF AOs may close files at this time.
- NAF AOs paying compensation for US civilian employees outside CONUS and Republic of Korea nationals continue making payments, but provide HQ AFSVA/SVXBW with reimbursement requests, copies of all checks processed, paid medical bills, and copies of medical reports every 6 weeks.

7. HQ AFSVA Workers' Compensation Branch. It has overall authority for this program and furnishes technical guidance and assistance as required. The Branch:

- 7.1. Develops program and claims administration procedures.
- 7.2. Assists and directs supervisors, HROs, SJAs, and NAF AOs in workers' compensation issues.
- 7.3. Reimburses NAFIs for claims paid in the first six weeks of administration consistent with this manual, and notifies Nonappropriated Fund Instrumentality (NAFI) of interest charges due an employee because of non-timely payment of benefits.
- 7.4. Asks the local SJA to represent the involved NAFI at informal conferences and assist as needed.

- 7.5. Challenges compensation, medical, or both expenses by filing Form LS-207 in appropriate cases.
- 7.6. Communicates with the DOL. Provides the Form LS-222 as appropriate.
- 7.7. Provides the Office of Legal Counsel, HQ AFSVA/SVL, with notices of cases referred to the Office of Administrative Law Judges.
- 7.8. Provides MAJCOMs with compensation cost reports monthly.
- 7.9. Request long-term disability benefit receipt to complete a Form LS-200 as facts warrant, but no more than every 6 months.

8. Forms Prescribed:

- AF Form 243, **Statement of Physical Ability-NAF.**
- AF Form 272, **NAF Supervisor's Report.**
- AF Form 784, **USAF NAF Workers' Compensation Record.**
- AF Form 786, **Patient's Authorization for Release of Medical Information (USAF NAF Workers' Compensation Program).**
- Form LS-1, **Request for Examination and/or Treatment.**
- Form LS-200, **Report of Earnings.**
- Form LS-201, **Notice of Employee's Injury or Death.**
- Form LS-202, **Employer's First Report of Injury or Occupational Illness.**
- Form LS-204, **Attending Physician's Supplementary Report.**
- Form LS-206, **Payment of Compensation Without Award.**
- Form LS-207, **Notice of Controversion or Right to Compensation.**
- Form LS-208, **Notice of Final Payment or Suspension of Compensation Payments.**
- Form LS-210, **Employer's Supplementary Report of Accident or Occupational Illness.**
- Form LS-222, **Carrier's or Self-insurer's Report on Rehabilitation to District Director.**
- Form LS-242, **Notice to Employees.**
- Form LS-555, **Privacy Act of 1974 Notice.**
- DL OWCP5, **Work Restriction Evaluation.**

STEVAN B. RICHARDS, Colonel, USAF
Director of Services

Attachment 1

GLOSSARY OF REFERENCES, ABBREVIATIONS, AND ACRONYMS

References

AFI 34-308, *NAF Workers' Compensation Instruction*

AFMAN 34-214, *Procedures for NAF Financial Management and Accounting*

Abbreviations and Acronyms

AF—Air Force

AFMAN—Air Force Manual

AFSVA—Air Force Services Agency

AWW—Average Weekly Wage

DOL—Department of Labor

HRO—Human Resource Office

HQ—Headquarters

LHWCA—Longshore and Harbor Workers' Compensation Act

MAJCOM—Major Command

NAF AO—Nonappropriated Fund Accounting Office

NAFI—Nonappropriated Fund Instrumentality

OPF—Official Personnel Folder

OWCP—Office of Workers' Compensation Program

SF—Standard Form

SJA—Staff Judge Advocate

SVXBW—HQ Workers' Compensation Branch

TPD—Temporary Partial Disability

TTD—Temporary Total Disability

USAF—United States Air Force

U.S.C.—United States Code

Attachment 2

BASE CODES

Code	Base Name	Code	Base Name
997	AAFES (Dallas OOM)	342	Hickam AFB HI
460	RAF Alconbury UK	282	Hill AFB UT
222	Altus AFB OK	158	Holloman AFB NM
130	Andersen AB GU	160	Hurlburt Field FL
308	Andrews AFB MD	468	Incirlik AB TU
276	Arnold AFS TN	470	Izmir AB TU
118	Barksdale AFB LA	107	KI Sawyer AFB MI
119	Beale AFB CA	348	Kadena AB JA
307	Bolling AFB DC	195	Keesler AFB MS
267	Brooks AFB TX	283	Kelly AFB TX
153	Cannon AFB NM	272	Kirtland AFB NM
121	Castle AFB CA	349	Kunsan AB ROK
224	Charleston AFB SC	270	Hanscom Field MA
453	RAF Chicksands UK	196	Lackland AFB TX
193	Columbus AFB MS	455	RAF Lakenheath UK
103	Davis-Monthan AFB AZ	161	Langley AFB VA
299	Dobbins AFB GA	197	Laughlin AFB TX
223	Dover AFB DE	225	Little Rock AFB AR
122	Dyess AFB TX	273	Los Angeles AFS CA
268	Edwards AFB CA	198	Lowry AFB CO
269	Eglin AFB FL	162	Luke AFB AZ
393	Eielson AFB AK	164	MacDill AFB FL
104	Ellsworth AFB SD	127	Malmstrom AFB MT
377	Elmendorf AFB AK	312	Maxwell AFB AL
123	Francis E. Warren AFB WY	226	McChord AFB WA
105	Fairchild AFB WA	284	McClellan AFB CA
006	Florennes AB BE	112	McConnell AFB KS
004	Gen Billy Mitchell Field WI	227	McGuire AFB NJ
332	Goodfellow AFB TX	456	RAF Mildenhall UK
124	Grand Forks AFB ND	303	Minneapolis-O'Hare MN
106	Griffiss AFB NY	111	Minot AFB ND

Code	Base Name	Code	Base Name
313	Gunter AFB AL	346	Misawa AB JA
200	Moody AFB GA	231	Scott AFB IL
163	Mountain Home AFB ID	443	Sembach AB GE
166	Nellis AFB NV	167	Seymour Johnson AFB NC
289	Newark AFB OH	168	Shaw AFB SC
301	Niagara Falls NY	203	Sheppard AFB TX
113	Offutt AFB NE	466	Soesterberg AB NL
996	Onizuka AFB CA	444	Spangdahlem AB GE
351	Osan AB ROK	286	Tinker AFB OK
271	Patrick AFB FL	187	Travis AFB CA
248	Peterson AFB CO	252	Tyndall AFB FL
001	Pittsburgh PA	458	RAF Upper Heyford UK
115	Plattsburgh AFB NY	316	USAF Academy CO
229	Pope AFB NC	204	Vance AFB OK
441	Ramstein AB GE	116	Vandenberg AFB CA
201	Randolph AFB TX	298	Westover AFB MA
202	Reese AFB TX	128	Whiteman AFB MO
442	Rhein Main AB GE	005	Woensdrecht AB BE
327	Richards-Gebaur AFB MO	287	Wright-Patterson AFB
108	Rickenbacker AFB OH	347	Yokota AB JA
285	Robins AFB GA	002	Youngstown OH
463	San Vito AS IT		

Attachment 3

US DEPARTMENT OF LABOR OFFICES

District 1

One Congress Street, 11th Fl
Boston MA 02114
(CONUS) Maine, New Hampshire,
Vermont, Rhode Island, Connecticut,
Massachusetts

District 2

201 Varrick St, Room 750
Box 249 New York NY 10014-0249
(CONUS) New York, New Jersey (overseas)
Panama, Iceland, Bermuda, Europe, and
all areas not specified in other compensation
districts

District 3

Rm 13180, Gateway Bldg
3535 Market St
Philadelphia PA 19104
(CONUS) Pennsylvania, Delaware, West Virginia

District 4

Federal Building, Room 1026
31 Hopkins Plaza
Baltimore MD 21201-2800
(CONUS) Maryland, District of Columbia

District 5

Federal Building
200 Grandby Mall, Room 212
Norfolk VA 23510-1879
(CONUS) Virginia

District 6

214 N. Hogan Street, Ste 1040
Jacksonville FL 32202
(CONUS) North Carolina, Kentucky,
Tennessee, South Carolina, Georgia, Florida,
Alabama, Mississippi

District 7

701 Loyola Ave, Rm 13032
New Orleans LA 70113-9641
(CONUS) Arkansas, Louisiana

District 8

12600 N Featherwood Dr, Ste 105
Houston TX 77034-4499
(CONUS) Oklahoma, New Mexico

District 10

230 S Dearborn Street, 8th Fl
Chicago IL 60604-1541
(CONUS) Illinois, Minnesota, Wisconsin, Ohio,
Indiana, Michigan, Iowa, Kansas, Nebraska,
Missouri

District 13

Box 3770
San Francisco CA 94119-3770
(CONUS) Arizona, Nevada, Northern California

District 14

1111 Third Ave, Ste 620
PO Box 21828
Seattle WA 98111-3828
(CONUS) Washington, Oregon, Alaska, Idaho,
Colorado, Wyoming, Montana, Utah, North
Dakota, South Dakota (overseas) Pacific North of
45 North Latitude

District 15

300 Ala Moana Blvd, Room 5108
Box 50209
Honolulu HI 96850-4980
(CONUS) Hawaii (overseas) Adjacent Pacific area
including Japan, Taiwan, Korea, Ryukyus, Guam,
Philippines

District 18

401 Ocean Blvd

Suite 720

Long Beach CA 90802-4965

(CONUS) Southern California

Attachment 4

BENEFIT CALCULATION EXAMPLE

Background: A full-time, 40-hour week employee works Monday through Friday, off Saturday and Sunday. For the 52 week period prior to 4 January 1994, the date of injury, the employee earned wages of \$14,820. Employee's hourly rate of pay at the time of injury was \$6.40. The first day of lost time was 5 January with a return to work on 11 January. On 16 February, the employee became disabled again; returned to work on 23 March. The employee was paid sick leave for 5-7 January.

A4.1. AWW: The higher rate is always used. Multiplying the hourly rate x 40 would only yield \$256. Dividing the gross wages received over the previous 52 weeks, however, yields \$285 for the AWW.

A4.2. TTD Rate (1994): Reference 1.4 above, minimum/maximum rates changed 1 October 1993

If Employee AWW is:	Benefit Equals
Equal/Less than \$184.57	Empl AWW
Equal/Greater than \$184.58 but equal/less than \$276.87	\$184.58
Equal/Greater than \$276.88 but equal/less than \$1,107.44	2/3 AWW
Equal/Greater than \$1,107.45	\$738.30

Here, the employee's earnings fall in the third class. two-thirds of the AWW yields a weekly TTD rate of \$190.

A4.3. First Payment: The employee is due benefits from 8 - 10 January. On or about 14 January, a check was cut in the amount of \$81.42 paying TTD for 8, 9, and 10 January, ($3/7 \times \$190$, weekly compensation rate). The check is annotated on the AF Form 784.

A4.4. Second Check: On 1 March, the employee is due a check for TTD benefits for the period 16 February through 1 March, totalling \$380.

A4.5. Sick Pay Adjustment: With sick leave paid earlier, the NAF AO credits the employee's sick leave account for the 3 days; sick leave was paid, the TTD day rate is $1/7$ of the weekly rate. Here, $\$27.14 \times 3 = \81.42 . Since the dollar amounts may not be entered into the account, convert the money into hours, $\$81.42 : \$6.40 = 12.72$ hours. Round to the nearest 10th of an hour without going over the amount due for TTD. Annotate the transaction on the AF Form 784. If the employee had not been paid sick leave for 5-7 January, the 3 day waiting period would also be paid in the check mailed on 1 March. Thus, that check would have paid for 17 days instead of the 14 days it did pay.

A4.6. Further checks: The next check is due on 15 March 1994 for a 2-week period \$380.00. The last check is due on 30 March and pays the balance of the TTD period, 16 thru 22 March, 7 days, \$190. Post the information to the AF Form 784.

A4.7. Complete Form LS-208 showing inclusive dates of each check and amounts paid. Forward the Form LS-208 and AF Form 784, copies of all checks and any bills paid to the HRO for distribution.

Attachment 5

PHYSICAL ABILITY RATINGS

Rating Physical Work Demands. The Dictionary of Occupational Titles (DOT), Volume II, published by the US DOL (3d edition, 1965), rates five degrees of the physical demands of work in terms of strength required:

- a. **Sedentary Work.** Lifting 10 pounds maximum and occasionally lifting or carrying, or both, such articles as docket, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.
- b. **Light Work.** Lifting 20 pounds maximum with frequent lifting up to 10 pounds. Even though the weight lifted may be only a negligible amount, a job is in this category when it requires walking or standing to a significant degree, or when it involves sitting most of the time with a degree of pushing and pulling of arm and/or leg controls.
- c. **Medium Work.** Lifting 50 pounds maximum with frequent lifting, and/or carrying of objects weighing up to 25 pounds.
- d. **Heavy Work.** Lifting 100 pounds maximum with frequent lifting, carrying, or both objects weighing up to 50 pounds.
- e. **Very Heavy Work.** Lifting objects in excess of 100 pounds with frequent lifting, carrying, or both objects weighing 50 pounds or more.

Attachment 6

SAMPLE, THIRD-WEEK LETTER TO TREATING PHYSICIAN

(appropriate letterhead)

(date)

Dear Dr (name)

This refers to the disability that (claimant's name) sustained in the course of employment.

Should your current examination reflect ability to perform some work activity, would you complete and return the enclosed physical capacity evaluation? Note also the approximate duration you anticipate such limitations may be necessary.

For your information and guidance, we are enclosing a copy of the job description covering (claimant's name) job. That job may be modified to conform to the employee's present ability.

Based on the guidance you provide on the evaluation form, we will submit a modified job description for your assessment

Thank you for your cooperation.

Sincerely

(signature)

(name)

Attachments:

1. Form OWCP5
2. Job Description
3. Return Envelope

Attachment 7

SAMPLE, SUPERVISOR'S LETTER ON JOB MODIFICATION

(appropriate letterhead)

(date)

Dear Dr. (name)

On the basis of the present ability you described for our employee, (claimant's name), we submit the following modifications to the attached job description that we previously sent you).

Please complete, the indorsement below, and return this letter to us in the envelope provided.

Sincerely

(signature)

(name)

Attachments:

1. Copy of this Letter
2. Return Envelope

(Claimant's name) may begin the employment described above on (date).

(attending physician's name)

(date indorsed)