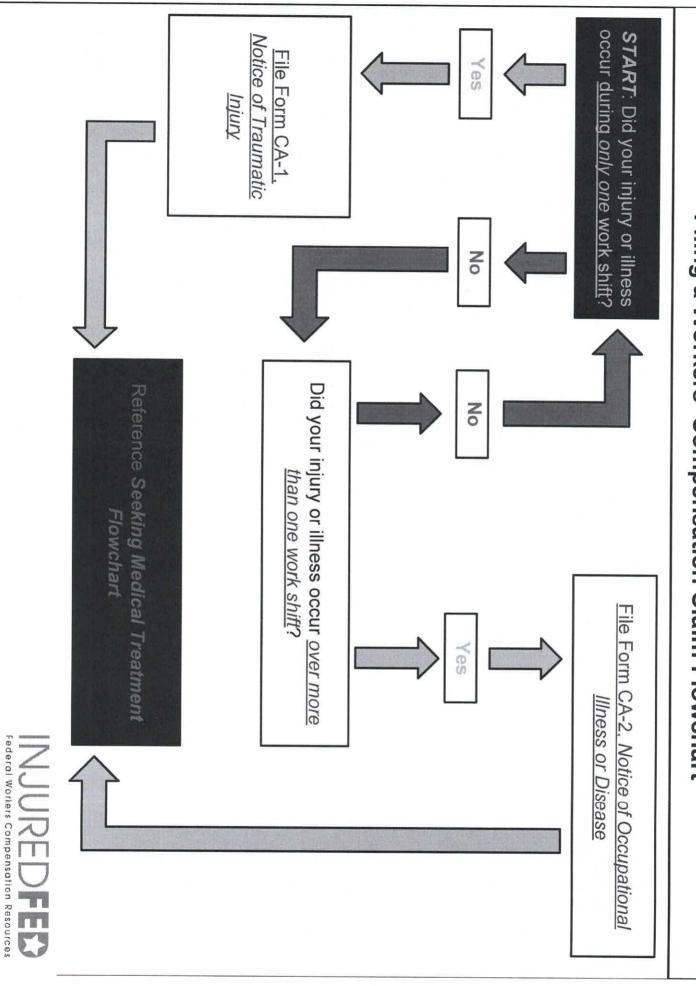
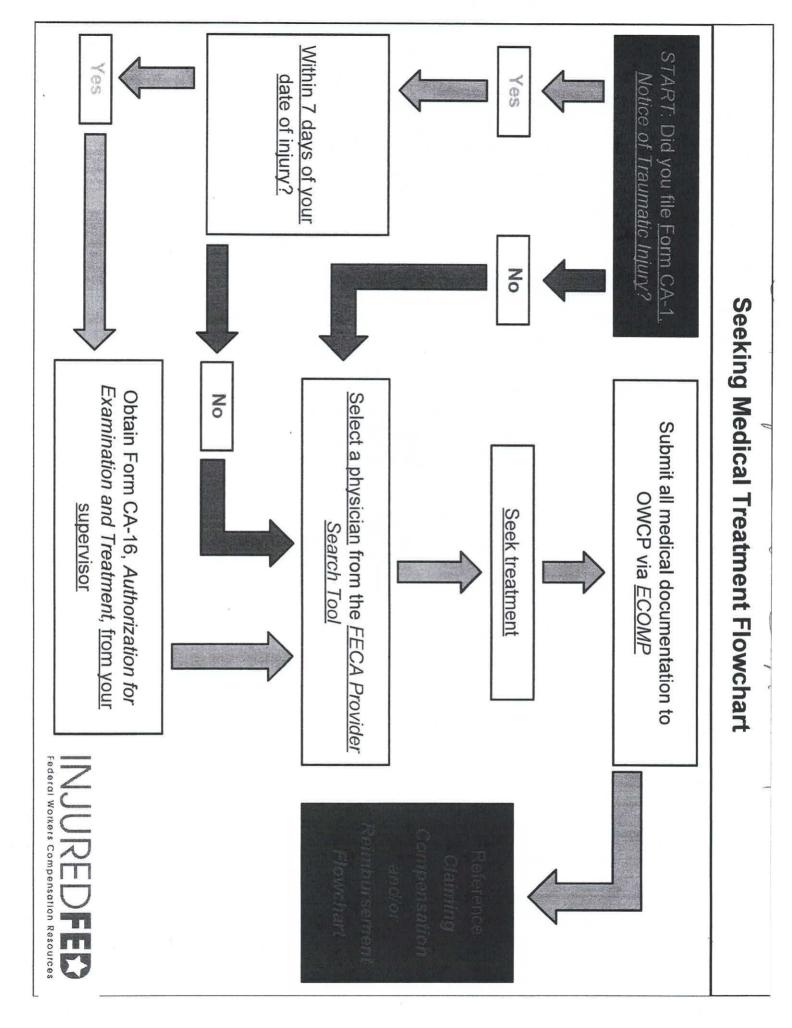
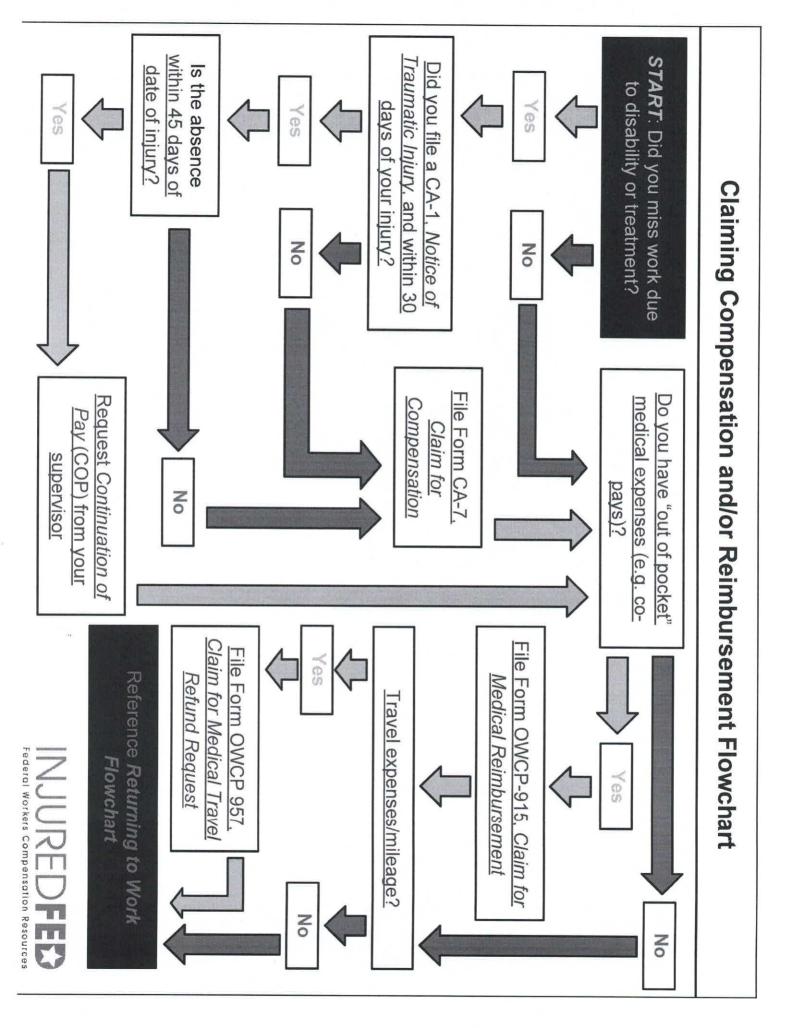
Filing a Workers' Compensation Claim Flowchart







Do you have work restrictions? START: Are you currently able 0 to work? 0 Returning to Work Flowchart Does the job offer contain all the Did you receive a written job es required information? offer? 8 revised job Ask for offer Reimbursement Flowchart Compensation and/or Reference Claiming <u>N</u> immediately Return to Work 99 No

Return to work immediately

Provide a copy of Form CA-17,

Duty Status Report, from your physician, to your supervisor

Federal Workers Compensation Resources

Fig. 2. Claims Processing and Interagency Reporting

