

## TEMPLATE FOR FECA WORKING GROUP MINUTES

- Organization/installation name:

- Meeting date:

- Mandated participants:

- ✓ Position

Name of attendee

- ✓ Commander/Chair

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- ✓ Other Commanders

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- ✓ Compensation Specialist

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- ✓ CPAC Chief

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- ✓ Safety Officer(s)

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- ✓ MTF/Occupational Health representative

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- ✓ Industrial Health representative

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- ✓ JAG Office representative

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- ✓ Management representatives

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- ✓ EEO or Disability Program Manager

- ✓ or equivalent

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- ✓ First-line supervisors with Workers' Comp incident filed since last meeting:

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- ✓ Health and Wellness representative

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- ✓ Labor Union representatives (if applicable)

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- Summary of Compensation Specialist statistics report:

- Summary of First-Line Supervisors Reports:

- ✓ Case 1
- ✓ Type and Cause of Injury

- ✓ Supervisor's Investigation

- ✓ Lessons Learned

- ✓ Case 2
- ✓ Type and Cause of Injury

- ✓ Supervisor's Investigation

- ✓ Lessons Learned

- Summary of Safety Officer's Report

- Summary of Cases with RTW Potential:

Case 1. OWCP claim number:

- ✓ Accepted conditions
- ✓ Current medical restrictions
- ✓ Date of Compensation Specialist's last contact with claimant
- ✓ Date of Compensation Specialist's last contact with DoD Liaison
- ✓ Date of Compensation Specialist's last contact with treating physician, summary of comments

- ✓ Date of evaluation conference with MTF physician and summary of comments
- ✓ Claimant's skills & education
- ✓ Amount of compensation claimant already received
- ✓ Amount of compensation claimant will receive if not brought back to work
- ✓ "Brainstorming" suggestions from Group as to where installation can use the claimant's remaining abilities
- ✓ Recommendation from Group on job offer/placement

Case 2. OWCP claim number:

- ✓ Accepted conditions
- ✓ Current medical restrictions
- ✓ Date of Compensation Specialist's last contact with claimant
- ✓ Date of Compensation Specialist's last contact with DoD Liaison
- ✓ Date of Compensation Specialist's last contact with treating physician, summary of comments
- ✓ Date of evaluation conference with MTF physician and summary of comments
- ✓ Claimant's skills & education
- ✓ Amount of compensation claimant already received
- ✓ Amount of compensation claimant will receive if not brought back to work
- ✓ "Brainstorming" suggestions from Group as to where installation can use the claimant's remaining abilities
- ✓ Recommendation from Group on job offer/placement

Case 3. OWCP claim number:

- ✓ Accepted conditions
- ✓ Current medical restrictions

- ✓ Date of Compensation Specialist's last contact with claimant
- ✓ Date of Compensation Specialist's last contact with DoD Liaison
- ✓ Date of Compensation Specialist's last contact with treating physician, summary of comments
- ✓ Date of evaluation conference with MTF physician and summary of comments
- ✓ Claimant's skills & education
- ✓ Amount of compensation claimant already received
- ✓ Amount of compensation claimant will receive if not brought back to work
- ✓ "Brainstorming" suggestions from Group as to where installation can use the claimant's remaining abilities
- ✓ Recommendation from Group on job offer/placement