

**DISTRICT OFFICE 25 -- WASHINGTON DC
FEC PROGRAM**

***Training For Federal Employing Agency
Compensation Specialists
3-Day Basic ICS Workshop***

ENROLLMENT FORM: Complete the information below (print clearly).

Please enroll the employee named below in the 3-day workshop scheduled in Washington DC for _____ (dates). This employee has primary responsibility for handling Federal workers' compensation claims at _____ (name of agency).

Authorizing Official's Signature: _____

Title: _____ Date: _____

Employee's Name: _____

Job Title: _____

Phone/Fax: _____

Email: _____

Employee's injury compensation duties/responsibilities are (briefly): _____

Employee has been performing the above duties for approximately _____ (months/years).

Send enrollment acknowledgment to: (name and email address)

*OWCP's return address is printed below
Make sure you send it to **ATTN: Technical Advisor/EA Training, 3-Day Workshop.**
To expedite the enrollment,
fax it to 202-513-6806, ATTN: Technical Advisor/EA Training, 3-Day Workshop.*

OWCP-DFEC/Washington District Office
United States Department of Labor
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Washington, D.C. 20210-0001