

Referral of Case Under the Federal
Employees' Compensation Act to the
Office of the Inspector General

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs



1. Claimant's Name	2. OWCP Case Number	3. Date of Injury
4. Accepted Condition/Part of Body Injured	5. Employing Agency	
6. Date and time of Referral	7. This case is being referred to DOL-OIG at: (Specify Regional OIG Office)	
8. Reason for Referral (Specify)		

9. OWCP Adjudication Status

- Case has been:
- Accepted (For Accepted Condition)
 - Denied
 - Under Development: Final adjudicatory action will be held up pending OIG action
 - Other (Specify)

10. Compensation Status:

- Payment of compensation is being hold up pending OIG action.
- Compensation is currently pending paid at the rate of \$ _____ each four weeks. Payment will continue pending OIG action.
- OTHER (Specify)

11. Referred by:

ASSISTANT REGIONAL ADMINISTRATOR, OWCP

Incident Report DL Form 1-156 is attached.

Form CA-503
Rev. Sept. 1988