

**ELECTRONIC SUBMISSION VIA AQS
TIME ANALYSIS FORM
(CA-7a) E-FILING**

Before you will be able to use E-Filing, OWCP is requiring each AQS user to be recertified. Go to http://www.cpms.osd.mil/icuc/EFiling_Using_AQS.aspx and follow the instructions for Applying for E-Filing Access.

Claim for compensation, CA-7, is used to request compensation for Leave Without Pay, Leave Buy Back, Other Wage Loss; such as downgrade, loss of night differential, hazard duty pay, Schedule award.

Access via AQS

EMPLOYEE STATEMENT– Complete the following Sections:

SECTION 1 – Claimant Name.

SECTION 2 - Social Security Number

SECTION 3 – Claim Number

SECTION 4 – Period Covered

- a. From – the first day of claimed leave or LWOP.
- b. To – The last day of claimed leave or LWOP
 - i. If the dates claimed are for different pay rates, separate CA7's and CA7a's would have to be submitted for each pay rate.

SECTION 5 –Total Hours

- a. File separate forms for leave buy back and LWOP

Leave Buy Back – From and To dates – indicate if Intermittent or not

- i. If intermittent – completed Time Analysis Form (CA-7b)
- c. Other wage loss – From and To dates – indicate if Intermittent or not
 - i. Type: - Indicated what the wage loss is
 - ii. Get copies of time and attendance from payroll to verify type and number of hours paid for the past year.
- d. Schedule Award – Check box and go to Section 4.

SECTION 3 - If employee has had any employment outside of Federal employment information must be provided.

- a. Yes or No

SECTION 4 – If this is the first CA7 submitted for file number indicated in 1c, provide information, if this is not the first CA7 submitted, skip to Section 7:

- a. Check yes or no.

- b. If there has been a change in dependents since the first one was submitted, or if your direct deposit information has changed, a claim has been filed with civil service retirement, etc.
 - i. Check yes or no

SECTION 5 – List dependents - Residing with you? Yes or no

- a. Making support payments for a dependent listed? Yes or No
- b. Court ordered support payments Yes or No
 - i. If - yes – provide copy of court order.

SECTION 6 – 3rd party claim?

- a. Yes or No
- b. Receiving disability payments from VA
 - i. Provide information requested
- c. Applied or receiving Federal retirement or Disability
 - i. Provide information requested.

SECTION 7 – Claimant signature and date - Date the form the day it is turned into HRO.

EMPLOYING AGENCY PORTION (Page 2) – Complete the following sections:

SECTION 8 -

- a. Date of Injury - Base Pay per hour, Grade and Step
- b. Date Employee Stopped Work – Base Pay per hour, Grade and Step
 - i. LWOP - first day of LWOP
 - ii. If Leave Buy Back – first date of Leave
 - iii. Other Wage Loss – first date of wage loss
 - iv. Schedule Award
 - a) Sometimes the date will be on the claimants acceptance letter
 - b) Could be the date of Second Opinion Evaluation
 - c) Could be the last date claimant was employed
- c. Additional Pay
 - i. Type, Amount per hour

SECTION 9 – a-b

SECTION 10 – Provide this information so that Health and Life insurance will be deducted from the compensation received from OWCP.

Notify employee’s command that a LWOP 50 should be done so that the Health and Life insurance will be transferred to OWCP.

SECTION 11 – If claim was a traumatic indicate COP Dates

SECTION 12 - Indicated from and to dates on appropriated pay status and whether or not intermittent.

SECTION 13 - Indicate whether or not the claimant returned to work. – Provide requested information

SECTION 14 – REMARKS- Any pertinent information pertaining to employee returning to work.

SECTION 15 – Must be signed by HRO Representative within 10 days from date claimant dated form.

Be sure to indicated date form was received in HRO.

HRO Representative is also the person for pay information.

Print copy before closing for case file.

9 – Input CA7 Information into TWMS