

**United States Department of Agriculture
Marketing and Regulatory Programs**

WC Short – Term Management

Claim Number:

OWCP District Office:

Claimant Name:

Date Correspondence Sent:

Reason:

Date Response Received:

Response / Action:

Date Correspondence Sent:

Reason:

Date Correspondence Received:

Response / Action:

Action	Date	Outcome
CA-17		
LWOP / Surgery		<input type="checkbox"/> SF-52 – Outgoing LWOP
		<input type="checkbox"/> SF-52 – Return to Work

OWCP Action	Date	Cost Savings
Return to Work	<input type="checkbox"/> Part - Time	
	<input type="checkbox"/> Light Duty	
	<input type="checkbox"/> Full - Time	
Schedule Award		
Benefits Terminated		