

NOTICE LETTER - INJURED EMPLOYEES WITH MSPB APPEAL RIGHTS

APPROPRIATE PERFORMANCE CLUSTER



(Interview Date)

(Name and Position Title)

OWCP Claim Number: XXXX

Date of Injury: XXXX

Subject: Notice of No Work Available

This is notification that the Postal Service determined that there is no work available for you within the operational needs of the service. This determination is based on a comprehensive review of (1) current operational needs; (2) in accordance with ELM 546; (3) your current medical documentation for your work-related injury; and (4) a search for assignments within the local commuting area.

As a result of this determination, you are being placed in an administrative leave status, effective immediately. Unless work becomes available, you will remain in an administrative leave status until **(thirty calendar days - insert date)**. A final determination on this issue will be made no sooner than thirty (30) calendar days from this notice.

If during this administrative leave period you present new medical documentation to the Manager, Health and Resource Management; the District Reassessment Team will review this documentation and make a work assignment determination. If you are aware of available work assignments that meet your current restrictions or if you believe that you can perform certain available work assignments with an accommodation, please let us know as soon as possible by contacting **(insert District Operations Team Leader name here)**. We are willing to work with you to find necessary work that is available and does not exceed your current medical restrictions. We are also willing to discuss the reasons for this decision, as well as any supporting documents that led to this decision.

You and/or your representative may also submit your response to this notice within ten (10) days from your receipt of this notice, either in person, in writing, or both before **(the Mgr. HR at the District, name, location)**. You may also furnish affidavits or other written material to **(the Mgr. HR at the District)** within ten (10) calendar days from your receipt of this notice. After you had the opportunity to present new documentation or discuss this matter with the Postal Service, all the facts in this case, including any reply you submit, will be given full consideration before a decision is rendered. You will receive a written decision from **(the Mgr. HR at the District)**.

If all conditions remain unchanged or a determination is made following a review of additional information that work is still not available within your restrictions in the local commuting area, you will then be placed in a Leave Without Pay (LWOP – Injured on Duty, IOD code 49) status effective **(insert date)**. Should you decide to apply for compensation payments from OWCP while in this LWOP-IOD status, you may complete the following forms:

- Form CA-2a, "Notice of Recurrence." Items No. 1 through 24 should be completed by you as directed in the Instructions for Completing Form CA-2a.

- Form CA-7, "Claim for Compensation." Items No. 1 through 7 should be completed by you as directed in the Instructions for Completing Form CA-7.
- Form CA-7A, "Time Analysis Form." Items No. 1 through 6 should be completed by you as directed in the Instructions for Completing Form CA-7A.

These forms should be submitted to **(insert Health and Resource Manager's name)**, Manager, Health and Resource Management **(insert address)** in person or by using the enclosed self-addressed pre-paid envelope. The Postal Service will then promptly forward the forms to OWCP for processing.

In addition, the Postal Service determined that your local commuting area consists of the fifty (50) miles surrounding your current work location. If you believe this does not represent an appropriate search area, you have five (5) calendar days from your receipt of this notice to identify in writing, your search area. This written documentation indicating your requested search area should be sent to **(insert name)**, Manager, Health and Resource Management, **(insert address)**. Upon receipt of your documentation, a telephonic or in-person meeting will be scheduled with you to discuss your requested local search area. Based on this meeting, if needed, the Postal Service will immediately search for available necessary work that does not exceed your current medical restrictions within the newly agreed upon search area. If no response is received within the allotted period of time, it is assumed that you agree with the Postal Service's determination of your local commuting area and no further action will be taken.

If you have any questions concerning the LWOP-IOD status, the completion of either the CA-2a, CA-7, CA-7A, or the local commuting area, please contact the Manager, Health and Resource Management at **(xxx.xxx.xxxx)**.

Sincerely,

(Name of Operations Manager as designated by Senior Management)

cc: Manager, Health and Resource Management
OWCP
(Union/Association copy)
IC File

Enclosure: self addressed envelope