



GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF RISK MANAGEMENT



Jed Ross
Chief Risk Officer

Public Sector Workers'
Compensation Program

Form A-1 REQUEST FOR AUDIT OR CERTIFICATION OF AWARD

READ INSTRUCTIONS HERE AND ON THE REVERSE SIDE

Please complete "Claimant Information," followed by either Part A or Part B.

Part A: Use Part A to request a calculation of your indemnity benefits. Please submit with this form any necessary attachments, including but not limited to: pay stubs, PeopleSoft records, Personnel Action Forms, et al. This request (excluding attachments) shall not exceed five (5) single-sided pages.

- or -

Part B: Use Part B to request a certification of compensation benefits due pursuant to an Award issued by the Office of Hearings and Appeals (OHA) or the Office of Administrative Hearings (OAH). Part B may only be filed thirty (30) days after an Award issued by the OHA or the OHA has become final and the Program has failed to comply with the final decision within that time period. You must submit with this form a copy of the final Award for which you are requesting the certification.

CLAIMANT INFORMATION

Claimant's Name:
Claimant's Full Address (with unit number, zip code):

Representative (if any):
Rep.'s Full Address (with unit number, zip code):

Claimant's Telephone:
Claimant's E-mail:
Claim Number:
Employing Agency:

Rep.'s Telephone:
Rep.'s Fax:
Rep.'s E-mail:
Date of Injury:

PART A. YOU MUST ANSWER QUESTIONS 1-4. USE ADDITIONAL PAPER IF NECESSARY.

(Attach records, proof, or evidence in support of your position.)

- 1. What is your current bi-weekly indemnity compensation rate as calculated by the Program?
2. Why do you believe that the Program has incorrectly calculated your rate?

TURN OVER TO CONTINUE



