

File Number:
Cancelled Hearing-O-H

U.S. DEPARTMENT OF LABOR

OWCP-FECA, PO Box 8311
LONDON, KY 40742-8311
Phone: (202) 693-0045

Want Faster Service?
Upload a document at ecomp.dol.gov

April 22, 2025

Date of Injury: 11/16/2024
Employee:

Dear _____ :

Due to unforeseen circumstances related to our contracted transcription service, we regret to inform you that your upcoming hearing (scheduling details attached) must be cancelled.

If you prefer to continue with an oral hearing, your hearing will be rescheduled. You will receive at least 30 days' advance notice of the new hearing details.

You may also choose to convert your oral hearing appeal into a review of the written record.

Please complete the attached form and return it to our office via ECOMP or the address listed on the form.

Any responses not received within 30 days from the date of this letter will be automatically converted to a review of the written record.

Sincerely,

Jennifer M.
Federal Employees Program

UNITED STATES POSTAL SERVICE
OCCUPATIONAL HEALTH CLAIMS OFFICE
GULF ATLANTIC PROCESSING & MAINT.
P.O. BOX 39443
TAMPA, FL 33630

WAYNE JOHNSON, ESQ.
1201 SOUTH ORLANDO AVE
STE 362
WINTER PARK, FL 32789

If you have a disability and are in need of communication assistance (such as alternate formats or sign language interpretation), accommodation(s) and/or modification(s), please contact OWCP.



CERTIFICATION OF THE CLAIMANT OR AUTHORIZED REPRESENTATIVE

☐ I elect to continue with an oral hearing. By selecting this option, you understand that your current hearing date is cancelled and will be rescheduled in the future (date to be determined). You will receive at least 30 days' advance notice of the rescheduled date.

☐ I elect to convert my oral hearing request to a written review of the record. By selecting this option, you understand that your Hearing Representative will provide a copy of your request for a review of the written record, along with all pertinent new material, to your employing agency for comment. Pursuant to 20 CFR 10.618 (b), medical evidence is not considered pertinent for comment by the employing agency, since OWCP has sole responsibility for evaluating medical evidence, and therefore will not be furnished to the agency. You will be provided a copy of the letter to your employing agency. The employing agency will be allowed 20 days from the date of the Hearing Representative's letter to provide comments. Should you wish to provide a response or rebuttal to any comments from your employing agency, you should ensure OWCP receives your response or rebuttal within 20 days of the letter that provides their comments to you. Following the Hearing Representative's review and complete study of the evidence of record in your case file, the Hearing Representative should issue a decision within 90 days from the date of assignment.

Please select an option above and return the form to us.

The fastest and most efficient way to submit documents to us is through ECOMP at <https://ecomp.dol.gov/>.

If you are a registered user in ECOMP, access your case file. From the Forms tab for that case, choose "Upload a Document." Use the "Request for Hearing/Review of Written Record" drop-down option under "Document Type."

You may also mail the completed form to:

Branch of Hearings and Review
Office of Workers' Compensation Programs
PO Box 8311
London, KY 40742-8311

Any responses not received within 30 days from the date of this letter will be automatically converted to a review of the written record.