

Reclamation Manual

Directives and Standards

CERTIFICATION OF DISCREPANCY RESOLUTION DEPARTMENT OF THE INTERIOR

Organization: IN07__
Chargeback Year _____, Quarter ____

Account: Region Name _____ Chargeback Code(s): _____

The attached chargeback report, as referenced above, has been reviewed and I hereby certify that the employees listed as filing OWCP claims are accurate for this account except for the discrepancy/ies as identified on the attachment. The U.S. Department of Labor has been notified of the required corrections.

Name
Workers' Compensation Coordinator

Date

Name
Region Human Resources Officer

Date

Name
Bureau Human Resources Officer

Date

Reclamation Manual

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CERTIFICATION OF ACCURATE CHARGEBACK REPORT DEPARTMENT OF THE INTERIOR

Organization: IN07____
Chargeback Year _____, Quarter _____

Account: Region Name_____ Chargeback Code(s): _____

The attached chargeback report, as referenced above, has been reviewed and I hereby certify that the employees listed as filing OWCP claims are accurate for this account.

Name
Workers' Compensation Coordinator

Date

Name
Region Human Resources Officer

Date

Name
Bureau Human Resources Officer

Date