



Transfer requested by: _____	Date of Request _____
Authorized Signature	

Section A - Identification and Administration

1. Type of Transfer <input type="checkbox"/> Permanent <input type="checkbox"/> Loan	2. Case File Number(s) Number of Parts _____	3. Claimant Name: _____
4. Type of Case: <input type="checkbox"/> Disability <input type="checkbox"/> Federal Death <input type="checkbox"/> Schedule Award		5. Date of Injury/Death _____
6. Transfer From: District Office Number _____	7. Transfer To: District Office Number _____	
8. Reason for Transfer: _____		

9. If requested by Nation Office, complete the following:

Requested by _____	Date of Request: _____
<input type="checkbox"/> Telephone <input type="checkbox"/> Memo/letter <input type="checkbox"/> ADP	
Case directed to:	
<input type="checkbox"/> Director, OWCP	<input type="checkbox"/> Branch of Hearings and Review
<input type="checkbox"/> Associate Director for FEC	<input type="checkbox"/> Employees Compensation Appeals Board

Section B - Electronic Record Transfer

10a. <input type="checkbox"/> Electronic Case Management File(s) Transmitted on: _____	
Case File Transmittal Sheet (FormCA-67) Number: _____	
<input type="checkbox"/> Electronic Automated Compensation Payment System File	
Transmitted on: _____	Batch Identification Number: _____
10b. Authorized Signature: _____	10c. Date Authorized: _____

Section C - Return of Loaned Case

11a. Return Loaned Case to District Office Number: _____	11b. Authorizing Official _____	11c. Date Authorized _____
12. Electronic Case Management File Returned on: _____		
13a. Authorized Signature: _____	13b. Date Authorized: _____	