

Job Corps Center ECOMP Access Request Form

Use this form to request access to the Department of Labor’s Employees’ Compensation Operations & Management Portal (ECOMP) for documenting and reporting student injuries and occupational disease.

Send your completed form to Heather Edmonds (edmonds.heather@dol.gov) and copy Brittany Jonas (jonas.brittany.n@dol.gov).

Requestor’s Name:

Requestor’s Title/Position:

Requestor’s Phone Number (including area code):

Requestor’s Email Address:

Remove access to ECOMP for the following individual(s):

1. (Indicate first & last names; email address)

2.

Assign access to ECOMP for the following individual(s):

1. (Indicate first & last names; email address; “Agency Reviewer” or “OSHA Recordkeeper”)

2.