

ALASKA DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

Division of Workers' Compensation, Reemployment Benefits Section

3301 Eagle Street, Suite 301, Anchorage, Alaska 99503-4149

Telephone: 907.269.4985 – Fax: 907.334.2619

**EMPLOYER'S NOTICE OF
45 CONSECUTIVE DAYS OF TIME LOSS FOR INJURIES
OCCURRING ON OR AFTER NOVEMBER 7, 2005**

AWCB Case No.:				Date of Injury:			
Employee's Name (Last, First, Middle Initial)				Insurer/Adjusting Company			
Address:				Address:			
City	State	Zip Code	Telephone	City	State	Zip Code	Telephone

In accordance with 8 AAC 45.507(a)¹, this serves as the employer's notification that the above employee has been totally unable² to return to the employee's employment at the time of injury³ for 45 consecutive days as a result of the injury.

The 45 consecutive days began on __/__/__.

Date: _____

Signature: _____

Title: _____

Printed Name: _____

Submit to:

Reemployment Benefits Section
3301 Eagle Street, Suite 301
Anchorage, Alaska 99503-4149

¹ 8 AAC 45.507(a) reads in part: "For compensable injuries occurring on or after November 7, 2005, if the employee has been totally unable to return to the employee's employment at the time of injury for 45 consecutive days as a result of the injury, the employer shall notify the administrator in writing on the 46th day."

² 8 AAC 45.900(i)(2) reads: "'totally unable' means the employee has not been released by the attending physician to return to the employee's employment at the time of injury on either a modified or unmodified basis"

³ 8 AAC 45.900(i)(1) reads: "'employment at the time of injury' means the employee's essential job duties and tasks, including the physical requirements of the duties and tasks, that the employee performed at the time of injury"