

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
 120 CONSECUTIVE DAYS OF TIME LOSS FOR INJURIES
 OCCURRING ON OR AFTER JANUARY 1, 2025**

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
Employee's email address							

If an employee is unable to return to work for 120 consecutive days, the Reemployment Benefits Administrator (RBA) must order an eligibility evaluation in accordance with AS 23.30.041(c). To enable the RBA to comply with the statutory mandate, this serves as the employer's notification that the above employee has been totally unable¹ to return to the employee's employment at the time of injury² for 120 consecutive days as a result of the injury.

The 120 consecutive days began on ___/___/___.

Date: _____

Signature: _____

Title: _____

Printed Name: _____

Submit to:

Reemployment Benefits Section
 3301 Eagle Street, Suite 301
 Anchorage, Alaska 99503-4149
 workerscomprb@alaska.gov

¹ 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”

² 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”