APPENDIX C-1: Additional Regulation Notice Information

ADDITIONAL REGULATION NOTICE INFORMATION (AS 44.62.190(d))

- 1. Adopting agency: <u>Department of Labor and Workforce Development, Alaska Workers'</u> <u>Compensation Board</u>
- 2. General subject of regulation: hearing procedures
- 3. Citation of regulation (may be grouped): <u>8 AAC 45.070, 45.071</u>
- 4. Department of Law file number, if any: <u>2024200072</u>
- 5. Reason for the proposed action:
 - () Compliance with federal law or action (identify):
 - () Compliance with new or changed state statute
 - () Compliance with federal or state court decision (identify):
 - () Development of program standards
 - (X) Other (identify): <u>updating procedures</u>
- 6. Appropriation/Allocation: Workers' Compensation / Workers' Compensation 344
- 7. Estimated annual cost to comply with the proposed action to:

A private person: <u>-0-</u>	
Another state agency: -0-	
A municipality: -0-	

8. Cost of implementation to the state agency and available funding (in thousands of dollars):

Initial Year	Subsequent
FY <u>2024</u>	Years
\$0-	\$ <u>-0-</u>
\$ <u>-0-</u>	\$0-
\$0-	\$ <u>-0-</u>
\$ <u>-0-</u>	\$ <u>-0-</u>
\$ <u>-0-</u>	\$ <u>-0-</u>
\$ <u>-0-</u>	\$0-
\$0-	\$0-
	FY <u>2024</u> \$0- \$0- \$0- \$0- \$0-

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9. The name of the contact person for the regulation:

Name: Alexis Hildebrand Title: Administrative Officer II Address: P.O. Box 115512 Juneau, AK 99811-5512 Telephone: (907) 465-6059 E-mail address: alexis.hildebrand@alaska.gov

- 10. The origin of the proposed action:
 - ____X__ Staff of state agency
 - _____ Federal government
 - _____ General public
 - _____ Petition for regulation change
 - Other (identify):_____

11. Date: 4/2/24 Prepared by:_____

Collins arles

[signature]

Name:Charles CollinsTitle:DirectorTelephone:907-465-2790