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: <u>Reemployment Stay-At-Work Program</u>
- 3. Citation of regulation (may be grouped): <u>8 AAC 45.040 45.625</u>
- 4. Department of Law file number, if any: <u>2024200409</u>
- 5. Reason for the proposed action:
 - () Compliance with federal law or action (identify):
 - (X) Compliance with new or changed state statute
 - () Compliance with federal or state court decision (identify):
 - () Development of program standards
 - () Other (identify):_____
- 6. Appropriation/Allocation: <u>Workers' Compensation / Workers' Compensation 344</u>
- 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
Operating Cost	\$ <u>-0-</u>	\$ <u>-0-</u>
Capital Cost	\$0-	\$0-
1002 Federal receipts	\$ <u>-0-</u>	\$ <u>-0-</u>
1003 General fund match	\$0-	\$0-
1004 General fund	\$0-	\$0-
1005 General fund/		
program	\$ <u>-0-</u>	\$ <u>-0-</u>
Other (identify)	\$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: 12/6/2024 Prepared by: <u>Marks Hildebrand</u> Name: Alexis Hildebrand Title: Administrative Officer

Title:Administrative Officer 2Telephone:907-465-6059